



SUPPORT TO THE HIV/AIDS RESPONSE in ZAMBIA II (SHARE II) PROJECT: MID-TERM REVIEW

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Note: throughout this document attributions to specific individuals have been removed from all quotes.

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GLOSSARY

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Therapy
CA	Cooperative Agreement
CAPAH	Coalition of African Parliamentarians Against HIV & AIDS
CATF	Community AIDS Task Force
COP	Country Operating Plan
COTR	Contracting Officer's Technical Representative
CSO	Civil Society Organization
DACA	District AIDS Coordination Advisor
DATF	District AIDS Task Force
DDCC	District Development Coordination Committee
GRZ	Government of the Republic of Zambia
HIV	Human Immunodeficiency Virus
HR	Human Resources
ICOZ	Independent Churches of Zambia
IR	Intermediate Result
JSI	John Snow, Inc.
LEAD	LEAD Program—Zambia
LTA	Livingstone Tourism Authority
M&E	Monitoring and Evaluation
MHA	Ministry of Home Affairs
MOH	Ministry of Health
MP	Member of Parliament
MTR	Mid-Term Review
NAC	National HIV/AIDS/STI/TB Council
NAPSAR	Network of African People Living with HIV and AIDS Southern Africa Region
NARF	National HIV/AIDS Reporting Framework
NASF	National AIDS Strategic Framework
NGI	PEPFAR Next Generation Indicators
NRFZ	National Royal Foundation of Zambia
OD	Organizational Development
PACA	Provincial AIDS Coordination Advisor
PATF	Provincial AIDS Task Force
PDCC	Provincial Development Coordinating Committee
PEPFAR	President's Emergency Plan for AIDS Relief
PESTELI	Political, Economic, Social, Technological, Environmental, Legal and Industry Analysis
PLHIV	Person/People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
PPP	Public-Private Partnership

RFTOP	Request for Task Order Proposal
SARF	Stakeholder Activity Reporting Form
SHARe II	Support to the HIV/AIDS Response in Zambia II
SO	Strategic Objective
SWOT	Strengths, Weaknesses, Opportunities, Threats Analysis
TA	Technical Assistance
USAID	United States Agency for International Development
USG	United States Government
ZAM	Zambian Association of Musicians
ZARAN	Zambia AIDS Law Research and Advocacy Network
ZAWA	Zambia Wildlife Authority
ZDHS	Zambia Demographic and Health Survey
ZHECT	Zambia Health and Education Communication Trust
ZINGO	Zambia Interfaith Networking Organization

EXECUTIVE SUMMARY

	Summary Findings	Recommendations
Task 1a: Leadership	<ul style="list-style-type: none"> - Local capacity to operationalize strategic plans needs strengthening - Need to operationalize strategic plans keeping focus on HIV/AIDS 	<ul style="list-style-type: none"> - Finish drafting and finalize strategic plans - Develop implementation/action plans - Link Traditional Leadership to other USAID health and development implementing partners and services - Involve the Ministry of Chiefs and Traditional Affairs to ensure sustainability beyond SHARe II - Use current contacts (MPs, Magistrates) to identify Champions - Use PPP model to leverage resources in chiefdoms
Task 1b: Policy/Legal	<ul style="list-style-type: none"> - Donor perception of slow policy advancement progress - Need for implementation plans for selected policies 	<ul style="list-style-type: none"> - Provide visual for donor of progress of SHARe II supported laws and policies—focus on step wise progress and possibly places where USAID leadership can help move things along - Develop and support implementation plans for all National SHARe II supported policies - Based on the positive reception of SHARe II submissions to the Employment Act, continue to help review and revise HIV language in relevant laws, as currently planned, including informal education and sensitization on the importance of formally addressing HIV issues in relevant laws - Support workplace by developing and posting policy summaries in public sector line ministries
Task 2: Coordinating Structures	<ul style="list-style-type: none"> - NAC restructuring challenging - DATF/PATF institutional framework unclear - Need to move beyond assessments and certification to operationalizing plans - NZP+ Secretariat needs strengthening 	<ul style="list-style-type: none"> - Further strengthen capacity of 15 Pilot Certification DATFs to fully carry out their mandates - Build DATF capacity to link to USG implementing partners (and workplaces) - Support DATFs to further define/promote their evolving role - Develop criteria to scale up and tailor activities to additional 57 DATFs - Pending GRZ guidance, strengthen additional permanent structures beyond DATF/PATFs - Build NZP+ capacity to regain donor confidence and expand support groups

Summary Findings		Recommendations
Task 3: Workplace Programs	<ul style="list-style-type: none"> - Epidemic shifting—emergency response not as widely needed - Peer education training model not sustainable in formal private sector - Informal sector needs remain 	<ul style="list-style-type: none"> - Build programs that maintain a focus on HIV/AIDS but address other health needs, including GHI priorities; consider changing name of HIV Workplace Programs to Workplace Wellness Programs - Develop transition plan to shift SHARe II's emphasis to the public and informal sector (review CHAMP final report private sector recommendations; continue to use LTA to implement informal private sector work) - Implement TOT and Champions models to improve sustainability - Increase collaboration with other USG implementing partners (joint training) - Disseminate law/policy information to workplaces - Foster linkages between DATFs and workplaces to increase employee access to services, support groups, etc.
Task 4: Collaboration	<ul style="list-style-type: none"> - Need for SHARe II to increase attention to Task 4 	<ul style="list-style-type: none"> - Work with NAC to begin implementing Stakeholder forums - Joint activities with other USG implementing partners
Work with Sub-Partners	<ul style="list-style-type: none"> - Need for strengthened Senior Management communication with partners 	<ul style="list-style-type: none"> - Hold bi-annual meetings with all partners - Quarterly updates on Sub-Partner performance linking to financial allocations
Cross-Cutting	<ul style="list-style-type: none"> - Desire for increased visibility of SHARe II activities - Sustainability of technical work beyond SHARe II 	<ul style="list-style-type: none"> - Increase SHARe II's visibility with photos, success stories, events - Ensure USAID has advance notice of all high profile events - Movement towards a holistic approach, recognizing PEPFAR funding - Implement Training of Trainer model to increase sustainability
USAID	<ul style="list-style-type: none"> - How to represent SHARe II beyond Next Generation Indicators - Partner desire to become a directly funded USAID partner (ZHECT, ZINGO, LEAD) 	<ul style="list-style-type: none"> - Include focus on PEPFAR Capacity Building Framework indicators (include in current SHARe II M&E plan) - Build capacity of local sub-partners to win/manage USG funded projects potentially through updating existing project scope of work or through new solicitations - Clarify the role of M&E support between CDC and SHARe II for NAC secretariat and the DATFs - Review and approve SHARe II M&E plan

BACKGROUND

Overall Aim and Purpose of the SHARe II Project

Building upon the previous USAID-funded Support to the HIV/AIDS Response in Zambia (SHARe) project from 2004-2010, SHARe II is a five-year project funded through November 2015. SHARe II is implemented by John Snow Inc. (JSI) and partners: Initiatives, Inc.; LEAD Program-Zambia; Zambia Interfaith Networking Organization on HIV (ZINGO); Zambia Health Education and Communication Trust (ZHECT) and recently, the Livingstone Tourism Association (LTA). See **Annex 1** for a SHARe II project organizational chart.

SHARe II Project Mission

The Mission of the SHARe II project is to support and strengthen the multi-sector response to HIV and AIDS. The program works through strategic coalitions and partnerships to support Zambia's HIV/AIDS response efforts, and contributes towards the attainment of the Government of the Republic of Zambia's (GRZ's) vision of a '*Nation free from the threat of HIV/AIDS*'. SHARe II promotes and supports innovative leadership involvement, an improved policy and regulatory environment, effective structures for coordination, collaboration and technical support, and enhanced workplace programs to reduce the impact of HIV/AIDS in Zambia.

USAID Strategic Objectives and Intermediate Results

SHARe II contributes to the achievement of the USAID/Zambia Mission *Strategic Objective 9 (SO9): Reduced impact of HIV/AIDS through a Multi-Sector Response*. The project addresses the following Intermediate Results (IRs) under SO9 in the USAID/Zambia Country Strategic Plan FY2004 – 2010:

- *IR9.1* Reduced HIV/AIDS transmission—including HIV/AIDS prevention through workplace programs;
- *IR9.2* Improved care and support for people living/affected by HIV/AIDS—including support to PLWA groups, stigma reduction, and human rights advocacy for people living/affected by HIV/AIDS, especially females, and promoting care and support through workplace programs;
- *IR9.3* Strengthened capacity of key sectors to mitigate the HIV/AIDS impact—including support to coordinating structures at National, Provincial & District level; and
- *IR9.4* Improved policy and regulatory environment—including advocacy for improved policies and actions, and support to development of HIV/AIDS workplace policies.

SHARe II Project Objectives

To achieve success toward realizing these IRs, SHARe II has the following four project objectives or tasks:

- *Objective 1:* Strengthen and expand leadership involvement in HIV/AIDS and improve the policy and regulatory environment;
- *Objective 2:* Strengthen organizational and technical capacity of coordinating structures to sustain the HIV/AIDS response;
- *Objective 3:* Strengthen and expand HIV/AIDS workplace programs;
- *Objective 4:* Strengthen collaboration and coordination of HIV/AIDS activities with the GRZ, USG funded partners, and other stakeholders

METHODS

The evaluation was led by Deirdre Rogers (JSI/Boston) and also included Donna Bjerregaard (Initiatives, Inc./Boston), Savitha Subramanian (JSI/D.C.), and Erin Barr (JSI/Boston). The evaluation was conducted over the period April 15 to June 15, 2013 and included in-country work from April 21-May 5.

The questions to be addressed were outlined in a Scope of Work (see **Annex 2**) drafted jointly by the Mid-Term Review (MTR) team in collaboration with SHARe II monitoring and evaluation (M&E) staff. Following feedback from SHARe II technical staff and USAID staff, it was agreed that the evaluation should focus on a number of major areas, namely: 1) Project activities and results related to each of the four project components; 2) Work with sub partners; and 3) Project management.

The Findings and Recommendations sections of this report have been structured around these major areas. Furthermore, the Future Directions section provides an assessment of the overall effectiveness of the approach and lessons learned. The team devised a tool (see **Annex 3**) aimed at collecting information in these areas. However, questions in this tool were used more as a topic guide/checklist for the collection of information rather than as a series of questions to be asked of each informant.

Information was gathered through:

- Review of project and related literature. A full list of documents reviewed is presented in **Annex 4**
- Discussion of project activities with SHARe II staff
- Semi-structured interviews with key informants, both as individuals and as small groups. A list of people interviewed is presented in **Annex 5**

This report summarizes SHARe II's progress toward achieving targets listed in the current (not yet formally approved in writing) project M&E plan. The M&E indicator tables include annual as well as cumulative targets, by project year:

- Year 1: November 2010 – September 2011
- Year 2: October 2011 – September 2012
- Year 3: October 2012 – September 2013
- Year 4: October 2013 – September 2014
- Year 5: October 2014 – September 2015

At the time of compiling data for this report, SHARe II had only collected data for the first two quarters of Year 3.

The final column in each M&E indicator table notes the percentage of Year 3 cumulative targets that had been reached as of the second quarter of Year 3. We evaluated SHARe II's progress on its indicators, taking into account information from staff that the first two quarters of each year tend to move slower (e.g., holidays, rainy season) than the third and fourth quarters; that some of the indicators had been newly-proposed in the M&E plan; SHARe II's phased scale-up approach related to certain activities; and planned activities for the second half of Year 3. Based on this we note whether we believe SHARe II is on track to meet its targets.

Table 2. Quarters for which data available and included in this report

	Year 1				Year 2				Year 3				Year 4				Year 5			
Quarter	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Available data for cumulative progress	X	X	X	X	X	X	X	X	X	X										

Qualitative findings are presented in narrative form, followed by recommendations presented for each of the technical areas of the project. Copies of the final MTR report will be provided to stakeholders where the data were gathered, as well as to SHARe II staff, USAID/Zambia COTR, and JSI and Initiatives, Inc. home office staff.

Assessment of Project Alignment (RFTOP vs. Work plan vs. M&E plan)

For the first half of the project, SHARe II was using the technical approach written in response to the RFTOP to guide project technical activities. As such, the project work plan and M&E plan were specifically aligned to details in the technical approach. However, in January 2013, USAID indicated that under the SHARe II contract, it was the RFTOP rather than the technical approach that should be guiding all project activities. In response, SHARe II staff cross-walked the two documents to identify discrepancies. The MTR team also reviewed the two documents, and attempted to include specific recommendations in this report if an activity was named in the RFTOP yet not included in the project work plan and/or M&E plan.

SHARe II and USAID Briefing and Debriefing Meetings

The MTR team conducted briefing and de-briefing meetings separately with SHARe II staff and USAID staff. The briefing meetings were to review the scope of the evaluation, the proposed schedule, and to obtain and incorporate suggestions. The de-briefing meetings were to present the major findings and recommendations of the evaluation. These included accomplishments, weaknesses, and lessons learned in the project, including recommendations for improvements and increased effectiveness and efficiency of the SHARe II project.

FINDINGS

Project Activities and Results

Task 1a: Strengthen and expand leadership

Table 3. Task 1a M&E Indicators and Annual and LOP Progress through Year 3 Q2

Indicator	Definition	Targets: Annual (Cumulative)	Cumulative Progress, as of Year 3 Q2	Planned Activities for Year 3 Q3-4
1.1. HIV Leadership Talking Points	Standardized leadership talking points developed, translated into five local languages	Yr 1: English Talking Points developed Yr 2: Trainings in Talking points in English Yr 3: Translated in five local languages Yr 4: Trainings in Talking points Yr 5: --	Cumulative target through Yr3 has been met. Talking points developed, being used for training.	Translation is pending
1.2a. HIV Leadership Capacity Building of Institutions	Number of leadership institutions (chiefdoms, CAPAH and religious leaders, musicians) provided with TA for HIV-related institutional capacity building through SHARe II's core package which can include capacity assessment, Strategic and Operational Planning, Training and Supportive Supervision	Yr 1 :5 Yr 2: 16 (21) Yr 3: 26 (46) Yr 4: 26 (72) Yr 5: 10 (82)	24 of 46 leadership institutions provided with TA; 52% reached of Yr3 cumulative target	Religions institutions being recruited
1.2.b. HIV Leadership Capacity Building of Champions	Number of leadership champions drawn from the chiefdoms, CAPAH and Religious leaders, Musicians provided with TA for high level HIV/AIDS leadership capacity building.	Yr 1 :-0 Yr 2: 5 (5) Yr 3: 20 (25) Yr 4: -- (25) Yr 5: -- (25)	9 of 25 leadership champions trained; 36% reached of Yr3 cumulative target	Champions have been identified, trainings to be implemented in 2013
1.2.c. Leadership Capacity Development	Number of leaders that participate in Capacity Development through Capacity Assessment, Strategic Planning and Operational Planning, disaggregated by: Traditional Leaders, Political Leaders (CAPAH), Religious Institutions (Mother Bodies or individual church organizations), ZAM, and ZFE.	Yr 1: 250 Yr 2: 2090(2340) Yr 3: 80 (2420) Yr 4: 75 (2495) Yr 5: 0 (2495)	2966 of 2420 leaders participated in capacity development; 122% reached of Yr3 cumulative target	Capacity development progress as planned

Indicator	Definition	Targets: Annual (Cumulative)	Cumulative Progress, as of Year 3 Q2	Planned Activities for Year 3 Q3-4
1.2.d. HIV Leadership Training Capacity Development	<p>Number of leaders (trained in any of the following aspects of HIV including:</p> <ul style="list-style-type: none"> HIV/AIDS Messaging advocacy issues surrounding PLHIV gender issues leadership competences 	<p>Yr 1: 60 Yr 2: 195 (255) Yr 3: 970 (1225) Yr 4: 725 (1950) Yr 5: 500 (2450)</p>	<p>276 of 1225 leaders trained; 22% reached of Yr3 cumulative target</p>	<p>Trainings planned later in 2013</p>
1.2.e. HIV Leadership Institutional Performance	<p>HIV/AIDS Leadership institutions meeting defined benchmarks based on set criteria using Checklist(s) and/or Supportive Supervision Tool.</p> <p>The criteria for an institution to be declared as "engaged" are:</p> <ol style="list-style-type: none"> The institution has effected a governance structure Meeting amongst the leadership with regard to the strategic plan The institution has met with key stakeholders There is evidence of the institution having started or already implemented at least one strategy in the strategic plan Leadership having shared HIV messages in at least one chiefdom forum. 	<p>Yr 1: No chiefdom attain engagement Yr 2: ZAM and 8 chiefdoms attain engagement Yr 3: 9 additional chiefdoms engaged (ZAM + 17 chiefdoms) Yr 4: 7 additional chiefdoms engaged (ZAM + 24 chiefdoms) Yr 5: 4 additional chiefdoms engaged (ZAM + 28 chiefdoms)</p>	<p>19 of 18 institutions meeting benchmarks; 106% reached of Yr3 cumulative target</p>	<p>19 chiefdoms are supported by SHARe II, the engagement criteria will be implemented and monitored during supportive supervision visits</p>
1.2.f. HIV Leadership Champion Performance	<p>A proportion of trained HIV/AIDS leadership champions that meet the following performance benchmarks:</p> <ul style="list-style-type: none"> Evidence of public HIV/AIDS messaging Endorsing at least one advocacy issue in their area of work Their willingness to report activities undertaken <p>This will be monitored using Checklist(s) and/or Supportive Supervision Tools and disaggregated by gender.</p>	<p>Yr 1: 0 Yr 2: 0 Yr 3: 50% of trained leaders (expect 25 trained) Yr 4: 75% of trained leaders Yr 5: 75% of trained leaders</p>	<p>No leadership champions meeting benchmarks yet.</p>	<p>Leadership Champions being identified and trained, performance monitoring pending</p>

Indicator	Definition	Targets: Annual (Cumulative)	Cumulative Progress, as of Year 3 Q2	Planned Activities for Year 3 Q3-4
1.3. HIV-related curriculum integration into Theological Schools	Number of Theological schools that have implemented the HIV integrated curriculum.	Yr 1: 0 Yr 2: 0 Yr 3: 3 Yr 4: 6 (9) Yr 5: 3 (12)	No theological schools have currently implemented curriculum.	Curriculum in process of being developed
1.4. HIV/AIDS Leadership Platforms	Number of HIV/AIDS Leadership electronic and print media platforms facilitated by SHARE II project.	Yr 1: 0 Yr 2: 0 Yr 3: 10 Yr 4: 8 (18) Yr 5: 5 (23)	No platforms facilitated yet.	Platforms being planned, once champions are trained.
1.5. Gender based violence sensitization amongst target populations	Number of people reached through individual, small group, or community-level intervention or service (in targeted chiefdoms, religious groups, DATFs and line ministries) that explicitly addresses gender based violence and coercion related to HIV/AIDS	Yr 1: 50 Yr 2: 50 (100) Yr 3: 150 (250) Yr 4: 150 (400) Yr 5: 100 (500)	This indicator has yet to be implemented.	Trainings to take place with SHARE supported populations

The leadership component was found to be extremely well regarded by all interviewed stakeholders. Though the project has been very active in the Chiefdoms, it has been relatively less active in implementing the Champions approach as outlined in the work plan and concept note (e.g., an openly HIV-positive high-profile Zambian clergyman, traditional leader, politician, or sports figure). **This is reflected in the above table in Indicator 1.2b.**

Strengths and innovative activities being undertaken include what we found to be a highly effective strategic planning process that has been begun to date in 19 chiefdoms. The process in chiefdoms consists of: 1) a community capacity assessment, 2) development of a comprehensive needs assessment and strategic plan, 3) development of operational plans and 4) targeted capacity building activities (e.g., financial management training, etc.). Though 19 chiefdoms have been engaged, only four strategic plans have been drafted, and only one strategic plan has been officially launched (in Chikanta Chiefdom). Many of the other chiefdoms are eagerly awaiting the return of their edited strategic plans in order to officially launch the plan and think through next steps toward operationalizing the plan. Assessment of HIV/AIDS leadership institutions according to engagement criteria (**Indicator 1.2.e**), should be implemented in the 19 chiefdoms and the Zambia Association of Musicians (ZAM), which would allow SHARE II to achieve cumulative targets.

Interviews were conducted, directly or indirectly, about SHARE II activities in five chiefdoms (Chikanta, Shakumbila, Bwile, Mukuni and Sekute). In all interviews, the MTR team was impressed with the level of engagement and community mobilization that occurred as a result of the strategic planning process. In fact, the chiefdoms were the only informants who did not request money from SHARE II over the second half of the project, but instead each requested additional capacity building support, as well as assistance in proposal writing and identifying other local resources, implementing partners and potential funding sources. For the one chiefdom where the strategic plan was officially launched, Chikanta Chiefdom, the

launch also proved to be a highly advantageous event in that the Zambian Vice-President, Guy Scott, attended, and subsequently the Zambian President, Michael Sata visited the Chiefdom on the day the MTR team was present to interview the chief and chiefdom stakeholders. We were impressed that we were granted an interview with the Chief despite overlapping with the President. Chief Chikanta noted that it was due to SHARe II's work in the chiefdom that the community was as mobilized as it is, thus attracting positive attention from the outside, so he was clearly happy to grant SHARe II an audience on such a busy, high-profile day.

Overall, there seemed to be an understanding among those interviewed that SHARe II was not a community project but a capacity building project. As such, those interviewed in both Chikanta and Mukuni Chiefdoms noted that what they desired from SHARe II in the second half of the project was very targeted and specific capacity building (e.g., in financial management, proposal writing/resource mobilization, M&E) in order to operationalize their strategic plans. In addition, some interviewees in Chikanta Chiefdom expressed a desire for SHARe II to assist them in identifying certain community members and to build their capacity to operationalize the strategic plan.

The Member of Parliament (MP) representing the Shakumbila Chiefdom noted that following the SHARe II strategic planning process, the Committee of Ministers, including two representative Members of Parliament and the Chief, have begun to formally reach out to local private sector businesses to solicit assistance in meeting identified needs of local schools and clinics. The MP noted three specific businesses to be targeted including Konkola Copper Mine, Kafue Sugar, and Sango Mine. The MP also noted how only a few MPs are currently active in addressing HIV/AIDS, and offered his support and assistance in identifying additional Champions within Parliament and beyond (including sports and other areas of government).

Though not formally part of the MTR, during interviews in Simoonga Village about the public-private partnerships, the village school headmaster noted the successful strategic planning process he had attended in the Sekute Chiefdom, and his strong desire that SHARe II expand the strategic planning process to additional villages within the Chiefdom.

Summary Task 1a Findings

Achievement of the results and targets listed in Table 3 is largely contingent on SHARe II redirecting some resources toward implementing the Champions approach, as detailed in the project contract, work plan and M&E plan. The Chiefdom strategic plans appear to be developmentally pivotal documents in that they took a holistic approach beyond just HIV/AIDS and include a clear listing of local power structures upon which to build and work with. However, as a PEPFAR-funded project, SHARe II needs to support the Chiefdoms to operationalize their strategic plans while keeping the focus of SHARe II's support on HIV. Balancing finite project resources, the need to include other "champions" outside of chiefdoms in the leadership component, and the high demand being generated for SHARe II to roll out and scale up strategic planning activities throughout the country to other chiefdoms means that SHARe II will have to develop a prioritized list of leadership activities in order to meet all of the project targets under Task 1. In addition, the team could consider ways in which the engagement of Chiefdoms in strategic planning can continue beyond the life of the project, including exploring some already apparent opportunities such as documenting the process for future partners and engaging the Ministry of Culture and Traditional Affairs in current SHARe II activities.

Task 1b: Improve the policy and regulatory environment

Table 4. Task 1b M&E Indicators and Annual and LOP Progress through Year 3 Q2

Indicator	Definition	Targets: Annual (Cumulative)	Cumulative Progress, as of Year 3 Q2	Planned Activities for Year 3 Q3-4
1.11. HIV-related curriculum integration into Pre-Service Schools	Number of schools offering law training which have integrated HIV-related case management into pre-service training curriculum	Yr 1: 0 Yr 2: 0 Yr 3: 5 Yr 4: 3 (8) Yr 5: 2 (10)	4 of 5 schools offering training; 80% reached of Yr3 cumulative target	Curriculum for police training academy developed. Other curricula being developed for NIPA, Open University and Cavendish University.
1.12.a. Bills and legislation advancing through legislative process (10 %) & support of implementation as appropriate and requested (if passed)	Number of the identified HIV-related pieces of legislation advanced at least two levels from baseline in the legislation process Current Target: 6 pieces of legislation: <ul style="list-style-type: none"> • AGBV • Prisons Act • Employment Act • Industry and Labor Relations Act • Deceased Brothers Widows Act • NAC Act 	Yr 1: 0 Yr 2: 1 Yr 3: 4 (5) Yr 4: 1 (6) Yr 5: 0 (6)	2 of 5 pieces of legislation advanced: -Employment Act -Anti-Gender Based Violence Act (AGBV) 40% reached of Yr3 cumulative target	Support provided for other pending pieces of legislation
1.12.b. Policy advancing through development process	Number of the identified HIV-related policies having advanced at least two levels from baseline. The National Policies are: National HIV/AIDS Policy, National Workplace HIV Policy, National Alcohol Policy	Yr 1: 0 Yr 2: 1 Yr 3: 1 (2) Yr 4: 1 (3) Yr 5: 0 (3)	3 of 2 policies advanced; 150% reached of Yr3 cumulative target The following reached end of project targets: <ul style="list-style-type: none"> • National HIV/AIDS Policy • National Workplace HIV Policy • National Alcohol Policy See SHARe II efforts in Tracking tool	Support provided for other pending policies

Indicator	Definition	Targets: Annual (Cumulative)	Cumulative Progress, as of Year 3 Q2	Planned Activities for Year 3 Q3-4
1.13.a. HIV Law and Policy related pre-service trainings	<p>Number of individuals, judiciary, law enforcement officers, and students, disaggregated by gender, trained in HIV-related case management curriculum including:</p> <ul style="list-style-type: none"> selected individuals in AGBV targeted leaders in advocacy for the reduction of stigma and discrimination including PLHIV specific issues other trainings 	<p>Yr 1: 0 Yr 2: 350 Yr 3: 800 (1150) Yr 4: 1800 (2950) Yr 5: 1400 (4350)</p>	518 of 1150 individuals trained; 45% reached of Yr3 cumulative target	Trainings planned for subsequent quarters
1.13.b. HIV Law and Policy related in-service trainings	<p>Number of individuals, judiciary, law enforcement officers, and MPs, disaggregated by gender, trained in HIV-related case management curriculum including</p> <ul style="list-style-type: none"> selected individuals in AGBV targeted leaders in advocacy for the reduction of stigma and discrimination including PLHIV specific issues other trainings 	<p>Yr 1: 300 Yr 2: 400 (700) Yr 3: 475 (1175) Yr 4: 425 (1600) Yr 5: 250 (1850)</p>	863 of 1175 individuals trained; 73% reached of Yr3 cumulative target	Trainings planned for subsequent quarters
1.14. By-laws and decrees on gender inequities and cultural practices	<p>Number of targeted organizations (local authorities and chiefdoms) which have developed by-laws and /or policies and decrees that seek to address gender inequities and other cultural practices that increase vulnerability of women and girls to HIV/AIDS supported and reviewed.</p>	<p>Yr 1: 0 Yr 2: 0 Yr 3: 5 Yr 4: 5 (10) Yr 5: 5 (15)</p>	No organizations have developed by-laws	Work has been started on this particular indicator; the gender scorecard has been adopted for the chiefdoms, and will be piloted in Q4. Supportive supervision currently starting, which is the data source for this indicator

Indicator	Definition	Targets: Annual (Cumulative)	Cumulative Progress, as of Year 3 Q2	Planned Activities for Year 3 Q3-4
1.15. Policy and Legal Analysis for Improving the Regulatory Environment around HIV/AIDS	Selected pieces of legislation and policies (target is 5 out of 10) which could include National policies on Development, Education, Gender, Investment and Health and laws which will be identified in conjunction with NAC are analyzed and reviewed to identify bottlenecks in HIV management and service delivery.	Yr 1: 0 Yr 2: 0 Yr 3: 3 Yr 4: 2 (5) Yr 5: Work on newly identified public policies	3 of 3 pieces of legislation analyzed and reviewed: AGBV law, Employment Act, plus Alcohol Policy (in process), and National HIV/AIDS policy (in process) 100% reached of Yr3 cumulative target	Y3 Target met, plans in place to continue review of other legislation and policies
1.16. Sectorial Policies developed and operationalized	Combined number and percent of public sector ministries and departments (target 15) and CSOs (Mother Bodies target 5) that SHARe II is engaged with that have workplace HIV/AIDS policies that mainstream gender.	Yr 1: 0 Yr 2: 2/20=10% Yr 3: 10/20=50% (12/20=60%) Yr 4: 8/20=40% (20/20=100%) Yr 5: 0 (100%)	15 of 20 ministries and CSOs with workplace HIV/AIDS policies; 75% reached of Yr3 cumulative target	Support continues to draft and operationalize policies
1.17. Chiefdom Gender Score Card (GSC) Performance	Number of selected chiefdoms where GSC has been administered.	Yr 1: 0 Yr 2: 0 Yr 3: 5 Yr 4: 15 (20) Yr 5: 10 (30)	GSC has not yet been administered in chiefdoms	SHARe II, NAC, UN Joint Team and Min of Gender jointly oriented on GSC tool. Currently under review prior to being able to administer in chiefdoms

Success in effecting change to national policies and laws is strongly influenced by a variety of influential stakeholders including the government (parliament, judiciary), education and training institutions, the health care sector, and depending on the laws/policies, specific industries. SHARe II provides a track record of successful involvement of each of these stakeholders resulting in progress on a number of laws and policies. See Table 5 on the following page.

Despite progress on all of the legislative acts and policies, SHARe II has not yet reached targets associated with indicator 1.12a since only two out of a total of six acts have advanced two stages according to SHARe II's Bills and Policy Monitoring

This work is leading to "better management of HIV and AIDS-related cases. We should improve communication, coordination and cooperation by bringing police, prisons and judiciary together to understand the challenges and address problems from various angles."

-- Judiciary interview

tracking tool, which was adopted from a Parliament framework showing the legislative process in Zambia. For the selected HIV-related laws, the tool shows four main stages: (1) petition or motion stage; (2) bill stage; (3) assent stage; and (4) subsidiary stage (if needed). The Employment and AGBV Acts are at stages 3 and 4 respectively. SHARe II staff believe they are still on track to meet the Year 3 targets by the end of the year, with movement on three additional acts. It should also be noted that indicator 1.12a does not necessarily capture all the pieces of legislation that SHARe II has worked on.

Table 5. National Policies and Legislation worked on by SHARe II

Legislation	National Policies
<ul style="list-style-type: none"> • Anti Gender-Based Violence Act (AGBV) • Prisons Act • Employment Act • Industry and Labor Relations Act • Deceased Brothers Widows Act • NAC Act 	<ul style="list-style-type: none"> • National HIV/AIDS/STI/TB Policy • National Workplace HIV Policy • National Alcohol Policy

Activities include directly training members of parliament, judiciary, law enforcement officers, students, and chiefdoms in topics such as use of HIV case law, gender inequities, stigma and potentially harmful local practices. SHARe II policy staff review local laws to ensure they appropriately address HIV/AIDS concerns, help revise pre-service curricula, and work with ministries and civil society organizations (CSOs) on workplace HIV/AIDS policies and to ensure gender is mainstreamed.

The Ministry of Gender and Child Development was revising the Gender Score Card during this MTR, following which SHARe II is planning to adopt the national scorecard for administration in the Chiefdoms (indicator 1.17). SHARe II also provided technical support for reviewing the score card.

SHARe II also supported Independent Churches of Zambia (ICoZ), a grass roots umbrella organization, to develop a policy to guide HIV and AIDS in their 300 churches.

Example of SHARe II's Work on the National Alcohol Policy

Specific interviews and background research were conducted on SHARe II's work in relation to the National Alcohol Policy, currently in the Cabinet awaiting approval. SHARe II has worked to ensure a smooth relationship with the three main stakeholders with interest into the policy: the government, the health sector, and the private sector which includes the alcohol industry.

The *government's* motivation for policy development is to address the range of drinking behaviors and potential negative health outcomes prevalent in Zambia, as well as to ensure that the costs to address negative outcomes associated with alcohol are funded, at least in part, through taxes to be collected through the newly created Alcohol Tax Fund.

The *health sector's* motivation stems in part from the need to ensure the policy and resulting implementation plan addresses health sector human resource and infrastructure requirements needed to implement the policy. A situational analysis conducted by the

"Policy support is silent and does not get much publicity, but the process has been hastened due to the legal support from SHARe II. We have benefited immensely in terms of widening the knowledge and technical capacity to draft [policy]."

-- Ministry of Health interview

SHARe II project (see Annex 3, #5) found resources to manage alcohol and drug users were lacking in all districts.

The *alcohol industry* consists of formal suppliers and informal or unregulated suppliers. Following economic liberalization in 1990s, the private sector saw a huge expansion and a proliferation of new breweries and distilleries. For example, SABMiller (National Breweries) bought Chibuku and in 2012 expanded its market, starting using plastic bottles with a longer shelf life, allowing greater access to hard-to-reach rural areas. Distribution, marketing, and consumption are on the rise, in line with the industry's business model, though not necessarily with the public's health.

Considering the level of influence and interest the alcohol industry has in ensuring increased profits (expanded markets and increased sales), it was a positive strategic move for the GRZ to have 1) ensured a strong public health perspective as the basis for all components, and 2) taken a clear, multisectoral approach in developing the draft Alcohol Policy with the formal alcohol industry as key partners in the process. In an interview with SABMiller, SHARe II seems to have played a critical role in ensuring the success of the multisectoral approach.

It was noted that the National Alcohol Policy was held up for at least six months with the change in government. Having a final alcohol policy submitted to Cabinet for approval is a huge accomplishment considering the balance that was needed to ensure the potential harms to individuals and communities were addressed (public health perspective), while safeguarding individual rights and freedoms, and while also acknowledging the significant benefit the formal alcohol industry brings to the Zambian economy. While waiting for formal approval, SHARe II has already begun outlining a draft National Alcohol Policy Implementation Plan.

“SHARe’s help with the legislative training opened our eyes to see things we didn’t originally see and identified a path for us to pursue.”

-- CAPAH interview

Summary Task 1b Findings

Overall, the policy component of SHARe II was found to be actively engaged and well perceived across a variety of areas. Notable progress has been made on critical high-profile national policies as well as other legislation and acts. However, the progress and successes to date have not necessarily been adequately captured through the current indicators—either due to activities just beginning implementation, or due to external factors largely outside the control of the project such as the Cabinet’s decision to wait to present the Alcohol Policy for Presidential signature until the HIV/AIDS policy is read to be submitted at the same time. SHARe II policy staff was found to be well respected, well received by stakeholders, and viewed as technical experts. According to interviews, SHARe II support was made available when wanted and needed. Despite successes and stakeholder satisfaction with SHARe II policy activities, how to translate higher level policy activities into tangible gains attributable to project activities is an ongoing challenge, and how to communicate progress and “behind-the-scenes” activities to relevant stakeholders remains a need for SHARe II policy staff.

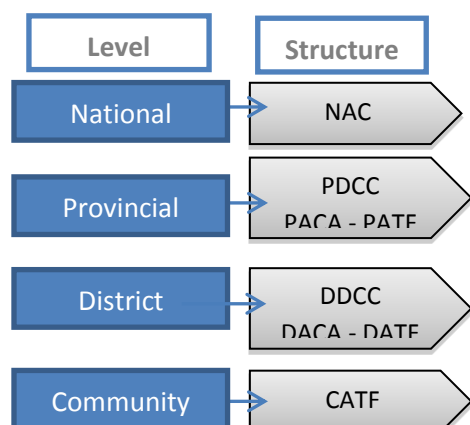
Task 2: Strengthen organizational and technical capacity of coordinating structures to mitigate the impact and sustain the HIV/AIDS response

Table 6. Task 2 M&E Indicators and Annual and LOP Progress through Year 3 Q2				
Indicator	Definition	Targets: Annual (Cumulative)	Cumulative Progress, as of Year 3 Q2	Planned Activities for Year 3 Q3-4
2.1.a. Coordinating Structures Capacity Building of Institutions	Number of organizations (including DATFs, NZP+ chapters, civil society organizations, etc.) provided with TA in SHARe II's core package of HIV-related institutional capacity building (which can include Capacity Assessment, Strategic and Operational Planning, Training, TA and Supportive Supervision).	Yr 1: 50 Yr 2: 25 (75) Yr 3: 5 (80) Yr 4: 30 (110) Yr 5: 0 (110)	74 of 80 organizations provided TA; 93% reached of Yr3 cumulative target	To work with additional 6 PATFS
2.1.b. Coordinating Structures Capacity Development	Number of individuals that participate in Capacity Development through Capacity Assessment, Strategic Planning and Operational Planning.	Yr 1: 200 Yr 2: 300 (500) Yr 3: 500 (1000) Yr 4: 300 (1300) Yr 5: 0 (1300)	1018 of 1000 individuals participated in capacity development; 102% reached of Yr3 cumulative target	Individuals will be from the 6 identified PATFS
2.1.c. Individuals trained in HIV/AIDS-related institutional capacity development	Number of individuals trained in HIV-related institutional capacity building areas. Type of trainings include: <ul style="list-style-type: none"> • HIV Technical Information training • Resource mobilization • Financial and Asset Management Training • District Certification Orientation 	Yr 1: 200 Yr 2: 300 (500) Yr 3: 645 (1145) Yr 4: 125 (1270) Yr 5: 0 (1270)	322 of 1145 individuals trained; 28% reached of Yr3 cumulative target	Trainings planned for Q3/Q4
2.1.d. Coordinating Structures Certification of Institutions	Number of DATF and CSOs undergoing capacity assessments on an annual basis that meet performance benchmarks as established in the Certification process.	Yr 1: 0 Yr 2: 15 Yr 3: 59 (74) Yr 4: 45 (119) Yr 5: 0 (119)	15 of 74 DATFs and CSOs undergoing capacity assessments; 20% reached of Yr3 cumulative target	Work with additional 57 DATFs, NZP+ and NAC

Indicator	Definition	Targets: Annual (Cumulative)	Cumulative Progress, as of Year 3 Q2	Planned Activities for Year 3 Q3-4
2.1.e. Coordinating Structures Performance	Institutions not participating in the certification process that are meeting defined level of acceptable coordination of the HIV/AIDS response through quarterly supportive supervision checklist.	Yr 1: 0 Yr 2: 0 Yr 3: 15 Yr 4: 20 (35) Yr 5: 0 (35)	No qualifying institutions currently meeting defined level of acceptable coordination	Performance standards that were developed for the Certification process are being used for the Supportive Supervision Tool, these visits will be underway later in the year
2.1.f. NAC Staff Providing Technical Support through Mentorship from SHARe II.	Number and % of NAC staff who are able to independently provide technical support to Coordinating institutions on performance improvement with mentorship from SHARe II. These activities include either: <ul style="list-style-type: none"> supportive supervisory visits and reporting follow ups using the performance improvement standards tool and reporting NAC staff members include 10 PACAs and 10 NAC secretariat staff.	Yr 1: 0 Yr 2: 0 Yr 3: 12/20 (60%) Yr 4: 8/20 (20/20=100%) Yr 5: -- (20/20=100%)	16 of 20 staff equipped to provide technical support' 80% reached of Yr3 cumulative target The denominator of this indicator includes the 10 PACAs and 10 NAC secretariat staff	Ongoing support provided

SHARe II is intended to strengthen the organizational and technical capacity of coordinating structures at three levels—national, provincial and district. Due to a number of factors, largely outside of the control of the project (e.g., uncertainty in the future of the current coordinating structures), SHARe II

Figure 2.



has devoted the majority of efforts in the first half of the project at the district level. Nonetheless, numerous activities have taken place at the national and provincial levels, and SHARe II is on track to meet the targets for training and capacity building.

At the national level, SHARe II has been providing technical and capacity development support to assist NAC to be recognized as the leader of the national response. Specific activities include helping NAC to develop a work plan and associated costed-action plan, reviewing the National HIV and AIDS Policy to determine any gaps, supporting coordination activities, and providing support for the decentralization strategy that will

help shape the future of the provincial and district coordination roles. The project has played a central role in helping NAC develop and finalize the District Certification process and the District Coordination Toolkit, which provides guidance to Provincial AIDS Task Forces (PATFs), District AIDS Task Forces (DATFs) and other stakeholders. SHARe II is also supporting NAC to build its ability to coordinate activities at the PATF and DATF levels by including NAC staff on technical field visits and PACA staff on district supervision visits to provide an opportunity for mentoring.

With the appointment of its new Director General in March 2012, NAC went through a significant restructuring resulting in further delaying NAC's ability to plan, implement and coordinate, and creating a gap in institutional memory and internal skills at the same time the global economic crisis was impacting funding. A common perception among almost everyone interviewed is that NAC has been for a number of years, and continues to be, ill-equipped to carry out its mandate. As such, many interviewees, including SHARe II staff and USAID, noted that capacity building efforts at the national level should hold less of a priority until the future of NAC becomes clearer.

"SHARe II has created a sense of institutional and individual purpose in the multisectoral response."

- NAC Focus Group

DATF Use of Data: The Kabwe DATF used district data to monitor progress and make decisions. They identified a condom shortage and determined it was due to the closure of some implementing partners' programs. The DATF adjusted their monthly order of condoms from NAC ensuring adequate supplies.

Furthermore, at the time SHARe II activities started there were nine provinces in Zambia with five PACAs in place. As of writing this MTR, there were 10 provinces and nine PACAs employed. However, these positions are subject to high turn-over due to irregular salary disbursement and funding for activities. Nonetheless, to the extent possible, SHARe II includes PACAs in all field supervision visits to the district level so that they can provide mentoring to strengthen PACA skills in networking, stakeholder coordination, resource mobilization and overall management systems. SHARe II provides technical assistance to districts to use the District Coordination Toolkit to support DATFs and PATFs. Challenges at the national and provincial levels led

SHARe II to largely focus activities on the district level in the first half of the project.

With NAC, SHARe II supported 72 DATFs to implement the Organizational Capacity Assessment and 15 DATFs to participate in a pilot Organizational Capacity Certification that required them to meet performance expectations for 20 core management standards covering: governance, coordination, administration and financial management, M&E, and human resources. Seven of the 15 DATFs have achieved certification to date. Those who passed are proud of their new sense of order, teamwork and coordination activities. The Namwala DATF stated that certification motivated them to re-energize activities in nine CATFs.

The District Coordination Toolkit, created by SHARe II, NAC and other stakeholders, provided the foundation for the management standards that are used to evaluate certification achievement. The Toolkit was deemed the most significant achievement by both the Director General and NAC staff, as well as by the DATFs interviewed. The Toolkit is being used in 29 districts to orient DATFs and key stakeholders, including DDCC members, such as District Coordinators, town/council secretaries, district Directors of Health, district planners, district community development officers, and selected heads of departments. The kit provides guidance on strategic and annual plans, M&E plans and coordination, and outlines the role of the DACA, and guidelines for performance appraisal, which were appreciated.

Though the entire planning process facilitated by SHARe II was well received by all of the DATFs interviewed, there was inconsistent ability to differentiate the processes across the districts (e.g., the Organizational Capacity Assessment vs. Organizational Capacity Certification vs. strategic planning). DATFs felt comfortable with the OCA process as it helped them note and address deficiencies. They also noted the utility of the Toolkit and the certification self-assessment and improvement planning process (including M&E strengthening) by which they could not only compare their progress against their previous performance, but also against other districts, which was inherently motivating. The process, including the OCA through certification and strategic planning, was lengthy and DATFs who were interviewed were eager to develop and implement corresponding operational plans and move onto targeted capacity building in financial management and resource mobilization. Training in M&E has resulted in notable improvements in the functioning of the visited DATFs. However it was also evident that follow-up supportive supervision was critically needed to ensure data collected was being effectively utilized for coordination and planning purposes, and not merely for the sake of collecting data.

[NZP+ Supports District Certification](#)
As a result of the NZP+ Management Handbook and certification process, the Namwala NZP+ Chapter became a strong chapter, able to attract donors. NZP+ members in turn supported the DATF as they sought to meet district certification standards.

Though the usefulness was noted by interviewees, the sustainability of each aspect (i.e., OCA, certification, strategic planning, and training) of the process is questionable without demonstrated initiative and ownership undertaken by NAC. SHARe II should consider consolidating efforts in the 15 pilot districts to capitalize on the momentum gained and further develop their capacity to coordinate efforts at the district level by assisting with targeted capacity building and fostering strategic linkages at the district level. Scale up of assessment and planning activities to additional districts should be geared to those districts most likely to benefit from such activities (note that SHARe II is currently contractually obligated to work in all 72 districts), while not losing sight of the uncertain future of NAC (pending guidance from GRZ), and not letting momentum wane in the original 15 districts. Operational and resource planning, follow-up supervision and targeted training should be conducted to address this challenge.

As the government moves forward on decentralization, the future of DATF and PATF coordinating structures is being called into question. Though NAC suggested that the provincial level is where activities should be focused, the MTR team suggests that SHARe II should place an emphasis on further building the capacity of the existing 15 districts, keeping in mind the uncertain future of the current DATF structures and thus ensuring more permanent structures, such as the DDCC, are further strengthened to understand and support DATF activities and provide linkages around HIV coordination. In Kabwe the DDCC is already involved and responding to DATF concerns about underage drinking in neighborhood bars. This would also emphasize HIV as a development issue that should be integrated into the overall work of the district, and align with the holistic approach being implemented by other areas of the project (Task1a Leadership, Task 3 Workplace). Uncertainty about the role of NAC/PATFs/DATFs persists and is further increased as donors move from HIV-specific funding to more integrated programming. This shift fits with the noted desire among respondents across other SHARe II areas (Task 1a, 2, and 3) for integrated health education (cervical cancer, diabetes, TB, malaria as well as HIV), though further obfuscates the future role of HIV-specific coordinating structures.

The Zambian Network of People Living with HIV (NZP+)

NZP+ was established in 1996 to coordinate activities for people living with HIV and AIDS (PLHIV). It is now a national network that represents the voice of PLHIV. However, NZP+'s weak organizational structure and governing board, limited staff capacity, and dwindling reputation remain obstacles to its ability to provide the leadership needed. SHARe II is attempting to help the NZP+ Secretariat to build its organizational systems, staffing and strategies so it can competently represent its 100,000 PLHIV membership, strengthen coordination of district chapters and support Zambia's multisectoral response.

The six NZP+ chapters certified by SHARe I stand out as better organized and able to mobilize resources than non-certified chapters. The sustainability of the change has excited NAPSAR, the regional network of PLHIV, who asked NZP+ to present the process at their next regional meeting and assist them to adapt the model for implementation in its 10 member countries.

To date, SHARe II has supported an OCA, strategic and operational planning, financial and human resource management, the development of a new constitution and is providing financial support for the upcoming NZP+ General Assembly. The project has also conducted a financial assessment to ascertain current capacity.

"We have been empowered and can now support other organizations in the development of their strategic plans. We have transferred the skill and now 10 CBOs and 2 NZP+ chapters have strategic plans."

--NZP+ interview

The OCA helped NZP+ identify specific gaps in its governance, financial and administrative management systems, planning, and advocacy skills. Subsequently, SHARe II provided technical support in the development of NZP+'s five-year (2012-2016) Strategic Plan and three-year Operational Plan. SHARe II also assisted NZP+ in the development of its new constitution, which was reviewed by the project's legal advisors. The project is now aiding NZP+ technically and financially to hold its General Assembly meeting so that representatives from the chapters

can vote on its passage.

The strategic planning process was well received. The strategic plan used three tools— Political, Economic, Social, Technological, Environmental, Legal and Industry (PESTELI) Analysis; Strengths, Weaknesses, Opportunities, Threats (SWOT) and a Problem Tree Analysis—which more or less resulted in the identification of similar opportunities, threats, strengths and weaknesses. SHARe II may want to determine which scan provides the best analysis or combine and adapt tools to shorten the process and minimize duplication of inputs. Additionally it may be useful to prioritize short and longer term objectives and achievable strategies rather than attempting a major transformation within five years. However the mere presence of the plan has directly contributed to NZP+ representation on national forums and increased donor funding.

The district chapter certification process has enabled chapters to achieve management standards and certified chapter representatives to assist DATFs to meet district certification standards, building their confidence. Regional interest in this approach has also emerged from the Network of African People Living with HIV and AIDS Southern Africa Region (NAPSAR).

"We intend to move forward with certification; it benefits the chapters in terms of capacity building... (and) puts systems in place so that chapters can have donor confidence."

--NZP+ interview

NZP+'s greatest need appears to be in governance, human and financial resources. A lack of competent leadership, staffing and limited resources have grave implications for the organization. The Board now has six of the nine members it needs, but the breadth of their experience does not meet the needs of the organization. Guidance on recruiting and hiring people with the appropriate knowledge and skill would strengthen coordination and potentially attract funding.

Summary Task 2 Findings

SHARe II is assisting NZP+ by strengthening governance and capacity in human resources and resource mobilization. A strong NZP+ secretariat is critical to the multisectoral response and to guide the chapters. NZP+ must be a vital part of the national response but without strong leadership their voice will not be heard. SHARe II should consider whether the chapters are a more vibrant target for support, keeping in mind that contractually the project is intended to work with the national NZP+ organization rather than the individual chapters (and thus a change in scope may require a contract modification).

Coordinating structures are also responsible for supporting NAC, the provincial and district task forces but during the first half of the project progress has been hampered at NAC, due to changes in staffing and structures, and financial and recruiting issues have affected PACA recruitment and retention. SHARe II has ensured that NAC staff is introduced to coaching and certification in all field visits and PACAs, where appointed, have been accompanying project staff on field visits. While NAC restructuring is ongoing, SHARe II has placed emphasis on the DACAs and DATFs through training, strategic planning, the District Coordination Toolkit and efforts at piloting DATF certification in 15 districts. SHARe II's assistance is appreciated, but it would be wise to review its current strategies: the DATF strategic planning process is lengthy and the resulting documents are cumbersome, making them less practical or usable. There seems to be a lack of criteria for initiating strategic planning as it is done without the foundation of strong management systems. Similarly the activities conducted with DATFs should be needs-based dependent on readiness and competency.

Finally, technical assistance efforts should not be classified by quantity but by need and relevance to organizations, leadership and civil society. The supportive supervision process should be defined and reviewed to ensure it is appropriately implemented, documented and followed up.

Task 3: Strengthen and expand HIV and AIDS workplace programs

Table 7. Task 3 M&E Indicators and Annual and LOP Progress through Year 3 Q2

Indicator	Definition	Targets: Annual (Cumulative)	Cumulative Progress, as of Year 3 Q2	Planned Activities for Year 3 Q3-4
3.1a. Availability of workplace HIV/AIDS policies and programs	Number of enterprises implementing an HIV/AIDS workplace program, providing at least one of the 4 critical components including workplace HIV/AIDS policy, peer education, testing and counseling, & formal HIV Prevention (P10.1.D)	Yr 1: 35 Yr 2: 5 (40) Yr 3: 25 (65) Yr 4: 0 (65) Yr 5: 0 (65)	51 of 65 enterprises meeting standards; 78% reached of Yr3 cumulative target	Workplace recruitment and support ongoing
3.1b. Availability of workplace HIV/AIDS policies and programs in large enterprises	Percentage of large enterprises/companies (Ministry of Commerce defines Large Enterprises are those with employees >100) that have HIV/AIDS workplace policies and programs (P10.3.N)	Yr 1: 40% Yr 2: 60% Yr 3: 80% Yr 4: 100% Yr 5: 100%	12 of 22 companies with HIV/AIDS workplace programs; 54% reached of Yr3 cumulative target These are the programs that are actively reporting.	Workplace recruitment and support ongoing
3.1.c.Trainings in HIV/AIDS Workplace Programs	Individuals trained in: • GESHA (Gender and Sexuality and HIV/AIDS) • Peer Education • PAW (Positive Action for Workers)	Yr 1: 0 Yr 2: 430 (430) Yr 3: 300 (730) Yr 4: 200 (930) Yr 5: 100 (1030)	1241 of 730 individuals trained; 170% reached of Yr3 cumulative target	Training ongoing
3.1.d. Workplace HIV/AIDS Program Performance	Percent of sampled service providers (sample of 25 drawn each year) meeting acceptable implementation standards in their HIV/AIDS workplace programs as monitored through a supportive supervision checklist.	Yr 1: 0 Yr 2: 0 Yr 3: 21/25=84% Yr 4: 21/25=84% Yr 5: 21/25=84%	No sampled providers meeting standards	At time of MTR, SHARe II was working to finalize the tool; supportive supervision is now ongoing

Indicator	Definition	Targets: Annual (Cumulative)	Cumulative Progress, as of Year 3 Q2	Planned Activities for Year 3 Q3-4
3.2. Individuals reached with HIV/AIDS workplace services.	Number of individuals (disaggregated by gender) in project-supported work places who are reached with at least one of the 4 critical workplace HIV/AIDS components, disaggregated by component: workplace HIV/AIDS policy (public sector populations), peer education (private sector), testing and counseling (private sector, informal sector), formal HIV prevention (informal sector) (P10.2.D)	Yr 1: 30,000 Yr 2: 100,000 (130,000) Yr 3: 90,000 (220,000) Yr 4: 150,000 (370,000) Yr 5: 30,000 (400,000)	46,775* of 220,000 individuals reached; 21% reached of Yr3 cumulative target	* The reported number does not include the individuals from Ministries, who will be included when policies are in place.
3.3.a .HIV/AIDS Individual and small group prevention	Number of individuals reached through SHARe II supported programs with individual and or small group level preventative interventions that are based on evidence and/or meet the minimum standards (P8.1D).	Yr 1: 30,000 Yr 2: 100,000 (130,000) Yr 3: 65,000 (195,000) Yr 4: 65,000 (260,000) Yr 5: 30,000 (290,000)	179,899 of 195,000 individuals reached; 92% reached of Yr3 cumulative target	Sensitization ongoing, will bring in Market populations
3.3. b. HIV/AIDS individual and small group prevention interventions that focus on abstinence and/or being faithful	Number of individuals reached through SHARe II supported programs with individual and or small group level preventative interventions that are primarily focused abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards (P8.2.D). *subset of P8.1.D	Yr 1: 15,000 Yr 2: 30,000 (45,000) Yr 3: 10,000 (55,000) Yr 4: 10,000 (65,000) Yr 5: 5,000 (70,000)	48,822 of 55,000 individuals reached; 89% reached of Yr3 cumulative target	Efforts to scale up work in religious groups and Sensitization ongoing
3.4. Employee sexual risk behaviors	Percent of employees exposed to workplace HIV prevention programs that demonstrate a reduction in sexual risk behaviors after 3 years as demonstrated by reduction in MCPs and/or increased condom use.	10% of employees exposed to workplace HIV prevention programs demonstrating a reduction in sexual risk behaviors after 3 year	To be measured by endline KAP survey	

Indicator	Definition	Targets: Annual (Cumulative)	Cumulative Progress, as of Year 3 Q2	Planned Activities for Year 3 Q3-4
3.5. Received HIV test and know results	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (P11.1.D).	Yr 1: 20,000 Yr 2: 20,000 (40,000) Yr 3: 25,000 (65,000) Yr 4: 25,000 (90,000) Yr 5: 12,500 (102,500)	56,421 of 65,000 individuals received testing and counseling; 87% reached of Yr3 cumulative target	Testing and Counseling ongoing, will bring in Market populations
3.6. People Living with HIV(prevention efforts with HIV positive persons)	Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions. (Disaggregated by setting) (P7.1.D)	Yr 1: 1000 Yr 2: 2000 (3000) Yr 3: 1000 (4000) Yr 4: 500 (4500) Yr 5: 500 (5000)	4799 of 4000 PLHIV reached; 120% reached of Yr3 cumulative target	Sensitization ongoing
3.7. Most at Risk Populations (Preventions Interventions for MARPS)	Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards. (P8.3.D)	Yr 1: 5000 Yr 2: 8000 (13,000) Yr 3: 17,765 (30,765) Yr 4: 17,765 (48,530) Yr 5: 8,500 (57,030)	38,852 of 30,765 MARP reached; 126% reached of Yr3 cumulative target	Sensitization ongoing
3.8. HIV/AIDS stigma	Percent of the employees in project-participating workplaces expressing accepting attitudes toward people living with HIV/AIDS as demonstrated by those who think HIV-positive individuals should be allowed to work	Yr 1: 75% Yr 2: - Yr 3: - Yr 4: - Yr 5: 90%	To be measured by endline KAP survey	

The Mid-Term Review team interviewed individuals from public and formal private sector workplaces.

Public Sector Workplaces: Prisons and Police

The activities under SHARe II within prisons have been for the most part very successful. SHARe II has been effective coordinating and getting support from senior management for HIV workplace activities. Sensitization activities have been well received extending to both prisoners and staff, and from police to their families and communities. GESHA training has helped normalize discussions on gender and HIV in the prison and police workplaces, and has extended outside the workplace including both officers and their spouses, as reflected in the increased coverage of GESHA trainings captured under indicator 3.2. Training in monitoring and evaluation has resulted in improved reporting and use of data to determine existing gaps.

The perception is that there has been increased uptake of testing and counseling among both prisoners and staff and an increased ‘enlightenment about HIV/AIDS’ at both the workplace and within the homes of staff. It was noted that as a result of HIV workplace activities supported by SHARe II, absenteeism was down and AIDS-related death rates had visibly reduced. It was also noted that SHARe always provided support for supervision and “could be called upon anytime.”

Positive Action for Workers (PAW) groups were found to be quite active within the police force and have not only helped HIV positive workers live positively but have encouraged door to door outreach, visits and support to sick colleagues, and instilled a sense of community and support within the workplace and beyond, as reflected in increased coverage of PAW trainings captured under indicator 3.2. An important observation within the police force is that while SHARe II has provided important support for training and sensitization, the activities have evolved based on the own efforts of the HIV coordinators and staff who have developed various activities beyond what they have been trained on to ensure that HIV is addressed adequately. There has also been forward thinking within the police force to approach other donors and develop income generating activities so as to be able to sustain these activities upon the completion of SHARe II. In addition, there has been strong backing from senior management who has taken it upon themselves to provide support and resources as needed to continue and expand HIV related activities within the workplace as a result of their collaboration with SHARe II.

“They used to have more than 50 deaths in a year in just this community but now this number was down to 11-12 deaths (1-2 per month). Now when husbands return from services, spouses ask them to go for VCT.”

- Zambia Police interview

High turn-over or transfer of peer educators, limited numbers of partner staff trained in M&E, and lack of planning for sustainability of activities past SHARe II pose challenges. Other challenges noted included: lack of funding for transportation and scaling up of trainings, transfer/attrition of trained HIV coordinators, lack of availability of key supplies such as condoms, limited number of service providers who are interested in volunteer work, lack of knowledge and understanding of the workplace HIV policy, and limited experience in resource mobilization.

Given the multiple priorities of SHARe II, there are some activities which have been requested by the police and prisons, but which SHARe II is unable to provide support for. Each year SHARe II receives a list of objectives from workplaces and provides assistance to objectives that are both in line with SHARe II’s mandate as well as beneficial to the workplaces. There is need for continued communication between SHARe II and work places on key activities that require support so that expectations continue to be realistically met. In addition, there has been limited trickling down of training on HIV policy related to counterfeit drugs, gender based violence and judiciary to the provincial and district levels. It seems that the plans exist, yet resources to conduct these trainings are limited. There is also a continued need for assistance with ensuring workplace HIV/AIDS policies are in place, disseminated to and operationalized at the lower levels.

Public Sector Workplaces: Other Line Ministries

Within line ministries other than the Ministry of Home Affairs, SHARe II activities were found to have helped increase support from senior management for HIV/AIDS programs and reduce stigma and discrimination. However there have been challenges in

“[SHARe II is] one of the most organized programs we have worked with. They are easy to work with and readily available to do training.... other organizations – they are not as efficient or responsive [as SHARe II]”

-Zambia Prison interview

mainstreaming gender as there continues to be a lack of understanding on how this should be operationalized. In the case of the Ministry of Transport, Works, Supply, and Communication, the gender focal point person (FPP) does not work full time and therefore does not have enough time to coordinate with the HIV FPP to combine gender and HIV activities. It should be noted, however, that SHARe II intentionally focused its efforts on the highest risk ministries where workers are routinely confined to their compounds, thus with more difficult regular access to their spouses. It should be noted that some of the Ministries, including the Ministry of Home Affairs and Agriculture and Livestock, have receiving trainings on GESHA, but mainstreaming is outside of the scope of the training and other strategies should be considered.

Feedback on reporting, particularly in the Ministry of Agriculture was reported as being too complicated with very little capacity in house to conduct routine M&E despite requesting additional training from SHARe II. Though SHARe II staff noted that they met with the coordinators at each ministry beforehand to identify the services to be provided by SHARe II, it was noted that participants who were sent to a particular training supported by SHARe II were often chosen at the last minute, and/or were not the most appropriate staff to attend the training. SHARe II sends invitations to meetings at least two weeks before each event, but ministries have internal processes for informing participants that are beyond SHARe II's control. Many ministries are delayed in inviting participants, as well as making sure that the correct participants attend.

A major difference between the HIV workplace program in the Ministry of Agriculture versus the Ministry of Transport, Works, Supply, and Communication was that the HIV coordinator in the latter is a full-time paid position compared to the Ministry of Agriculture where the HIV coordination activities are made part of someone else's duties, falling into "other duties as assigned." As a result, the support from management and expansion of the program was more mature and embedded in the Ministry of Transport than in the Ministry of Agriculture. While PAW trainings did take place, the involvement of PAW members and level of impact of PAW at the workplace was unclear. Other issues related to high staff turnover and the lack of sustainability of existing programs after SHARe II were also identified as challenges.

Public Sector Workplaces: Zambia Wildlife Authority

The interview at the Zambia Wildlife Authority (ZAWA) noted that there was a great need for HIV and gender sensitization activities, but they misunderstand the peer education model that SHARe II works to promote as it is their expectation the Livingston-based SHARe II staff should be the one providing the sensitization directly.

Private Sector Workplaces

"PAW has been so supportive....we encourage each other...share experiences...able to live positively now. The PAW group has removed the fear and allowed discussion of HIV/AIDS. Peer educators accompany members of the PAW group to visit colleagues who are in ill in the hospitals as well."

--PAW interview

SHARe II activities have helped reduce stigma and discrimination, improve dialogue on HIV related issues, reduce death rates and absenteeism and improve discussion on gender roles and HIV, and the project appears on track to meet associated targets by end of project (e.g., indicator 3.10). Counseling and testing has increased (see indicator 3.7) and programs have expanded with additional funding and the development of more permanent positions for HIV focal point persons. Activities within the private sector have expanded into the surrounding communities thereby going beyond workplace programs,

highlighting the potential strength of the PPP model and the potential to expand in other sectors. In addition, HIV is being addressed in a more holistic approach in the private sector so that sensitization activities address a variety of health issues. The work place programs within the private sector have received a lot of visibility as a result of collaborating with SHARe II. Challenges are that there are no set work place policies in place and, in some cases, lack of funding for continuing and expanding activities. In addition, much like the public sector, turnover of staff is a big challenge in addition to competing responsibilities for workplace HIV/AIDS coordinators and lack of incentives for peer educators who are typically volunteers.

The PPP model is both a success and challenge for SHARe II. For example, the partnership formed between The River Club Lodge and neighboring Simoonga Village under SHARe I has flourished into a

In the juvenile prisons, a coordinator reported that there had been an increase in the number of prisoners and staff who went for testing and counseling in part due to SHARe II training.

very supportive relationship where The River Club continues to provide consistent and generous development support to the village in a variety of areas (water systems, construction and facility maintenance, etc.). As a result of the PPP, a sustained linkage has been formed between the two entities. On the other hand, respondents from neither The River Club nor Simoonga Village saw SHARe II as having an ongoing role with the PPP (though respondents in Simoonga Village were notably pleased with SHARe

II's community sensitization activities). In short, there was a lack of understanding among both partners that SHARe II is continuing to support the PPP. In order to promote the actual and perceived sustainability of the PPP model, SHARe II should formally wrap up involvement in the current PPPs and transfer the strategy to other areas—not as a long-term capacity building model, but as a sustainable linkage model. The project could potentially implement a new PPP model, building on other SHARe II activities under the Task 1a Leadership component where due to SHARe II activities, Chieftdom leadership, in combination with representative Members of Parliament, are eager to establish such partnerships with local businesses (e.g., Kafue Sugar, Konkola Mines, etc.).

Summary Task 3 Findings

In both the public and private sectors, GESHA and PAW were found to be effective and well-received models. The indicators and targets for indicator 3.2 show that the trainings on GESHA and PAW have exceeded targets, highlighting the demand for these important trainings in the workplace. Due to staff turnover, competing duties of peer educators, and lack of management buy-in, the peer education model is not sustainable, and particularly so in the private sector where staff tend to leave entirely rather than be promoted or transferred. In addition, in the private sector there was much less of an expressed need for HIV-specific training and sensitization. It was noted on multiple occasions that it is no longer a situation where people are visibly sick and dying in the workplace, and as a result workers are interested in receiving information on a broader range of topics, including HIV. It was reported that when the country was actively in an emergency response to HIV, workplaces were requesting programs. Now they are requesting tailored and integrated approaches, addressing a range of health conditions (e.g., cervical cancer, diabetes, etc.). ARVs are free, people are living longer, they go to clinics on their own, and therefore managers are not seeing the same need. This was repeatedly heard in the private sector interviews. On the other hand, there was a clear expressed need for HIV-specific activities in the public sector.

Though some public sector entities may have HIV/AIDS workplace policies at the headquarters level, they are not disseminated or operationalized at the local levels. Private sector workplaces tended not to have formal workplace HIV/AIDS policies. Indicator 3.1b reflects how there needs to be improvements in the availability of workplace HIV/AIDS policies in larger enterprises. One formal private sector interviewee suggested that in order for such policies to be effectively established and implemented, one would need to ensure that they became part of the requirements of a larger governing or accreditation body that possesses some leverage over private sector companies (e.g., unions, “Better Business Bureau”, etc.).

Task 4: Ensure collaboration and coordination of HIV/AIDS activities with the GRZ, USG-funded partners and other stakeholders

Table 8. Task 4 M&E Indicators and Targets, From LOP to Year 3 Q2

Indicator	Definition	Targets: Annual (Cumulative)	Cumulative Progress, as of Year 3 Q2	Planned Activities for Year 3 Q3-4
4.1. Access to comprehensive health services	Proportion of SHARe II-supported USG-funded projects who report access to comprehensive health services, including HIV/AIDS, family planning, alcohol and substance use and other health services either through referral or direct service provision.	Yr 1: 0% Yr 2: 0% Yr 3: 30% Yr 4: 0% (30%) Yr 5: 55% (85%)	No USG-partners reported as of MTR	Wellness programs are currently being rolled out; SHARe II has six partners on board.
4.2. Common NAC M&E framework for National HIV/AIDS activities (VCT Day World AIDS, Traditional Ceremonies)	Implement a common NAC M&E framework for tracking and reporting on national HIV activities.	Yr 1: Planned Yr 2: Developed Yr 3: Adopted Yr 4: Implemented Yr 5: --	Still in planning stage due to hold ups with NAC largely outside project control	Draft MOU and determine technical requirements
4.3. HIV activity monitoring system	Development of a simple system (indicators, tools, reporting protocol) to be piloted by one of the relevant entities (e.g., ministries, Parliament, chiefdoms, CSOs) to track and report on HIV-related activities (e.g., leadership, legal and policy environment strengthening, coordinating structures strengthening).	Yr 1: Planned Yr 2: Developed Yr 3: Adopted Yr 4: Implemented Yr 5: --	SHARe II is piloting indicators on behalf of USAID to track leadership, policy, and coordinating structures work	Ongoing piloting
4.4. NAC state of the HIV/AIDS response meetings	Number of planned NAC state of the response meetings held	Yr 1: -- Yr 2: -- Yr 3: 1 Yr 4: 1 (2) Yr 5: 1 (3)	Cumulative target through Yr3 achieved.	SHARe II has obtained NAC concurrence; there is a meeting planned for November before the National HIV/AIDS Convention

Summary Task 4 Findings

The fact that SHARe II works at all levels—national/legislative, district coordinating structures, at private and public sector workplaces and at the community level makes it uniquely positioned to foster comprehensive and multisectoral collaboration. However, weak HIV/AIDS coordinating structures starting with NAC has hampered SHARe II's ability to facilitate a coordinated HIV/AIDS response across all implementing partners and the GRZ. In order to achieve all of the agreed results for Task 4, SHARe II will need to *work with the new Director General of NAC to bring together partners in State of the Response meetings to introduce himself and start a conversation/collaboration across implementing partners and stakeholders*. Though all activities in this area have been slow, SHARe II seems on track to meet the other agreed targets related to *development and roll out the national M&E framework and system (indicators, tools, reporting requirements)*, and *work directly with other USG implementing partners to assess and strengthen their own workplace-based HIV/AIDS and health programs*. The two interviewees in Simoonga Village noted that as a result of SHARe I and II activities, the community has successfully attracted attention from other implementing partners (e.g., Corridors of Hope, Society for Family health). Finally, SHARe II could help promote communication and collaboration by increasing awareness within each district of the presence and work of all other USG-funded projects.¹

¹The NAC website, <http://www.zambianacmisonline.org>, contains a searchable list and map of organizations in each district by thematic area and activity (e.g., impact mitigation, OVC). Ensuring this list is up to date and disseminated would help SHARe II in increasing coordination and collaboration and thus supporting NAC.

Work with Sub Partners

SHARe II is implemented by John Snow Inc. (JSI) with one international partner, Initiatives, Inc., and initially four named local partners: LEAD Program-Zambia; Zambia AIDS Law Research and Advocacy Network (ZARAN); Zambia Interfaith Networking Organization on HIV (ZINGO); and Zambia Health Education and Communication Trust (ZHECT). ZARAN informed SHARe II management that they were unable to carry out their scope of work due to staffing and programmatic limitations and are in the process of returning assets. Though not listed in project documents as a local partner organization, SHARe II also works with Zambia Association of Musicians (ZAM).

SHARe II project staff consists only of JSI and Initiatives staff members, and thus Initiatives, Inc. is the only truly integrated partner organization. Though described as “partners” in official project documents, local organizations function more as sub-contractors rather than partners. In fact, not being treated as a partner was mentioned by two of the local partner organizations (ZHECT, ZARAN). Though the project is not designed to warrant SHARe II staff members from any of the other local organizations, a key reason why they feel like they are not treated as partners is the absence of any forum in which implementing partners are able to meet to discuss programmatic issues.

Relationship-building is a process and there has been learning and maturation on the side of the prime and sub-partners. Agreement on the role of the sub-partner is sometimes cloudy. The subs are as interested in providing their services as they are in becoming more proficient at what they do. In general, SHARe II’s approach to capacity building was largely cited by sub-partners as ‘collaborative, focused and flexible,’ as well as in one incidence as intrusive and unsupportive. SHARe II’s supportive supervision could be enhanced to strengthen partners’ capacity and meet the needs of the project.

Zambia Health Education and Communication Trust (ZHECT)

Under SHARe II, ZHECT is taking the lead on strengthening and building capacity in the formal private sector to enable management and staff to appropriately address HIV/AIDS in the workplace. ZHECT notes that SHARe II has provided training in policy, M&E support for PEPFAR Next Generation Indicators and data quality assurance. However, they also felt that SHARe II has not shared best practices, provided onsite support or initiated field visits to learn about the challenges ZHECT faces. ZHECT’s budget was cut by SHARe II due to their failure to meet performance targets. In a meeting between SHARe II and ZHECT, ZHECT acknowledged their under-performance, though the budget cut was nonetheless seems to have negatively impacted the relationship between the two entities. As a sub-partner, ZHECT does not feel it has a close or satisfactory relationship with SHARe II.

SHARe II’s management of its sub-partner ZHECT could be improved through regular communication that involves management and M&E staff from both organizations. However, as noted under Task 3 above, private sector workplace activities were found to be the least sustainable, and the implementation of recommendations in this report would potentially have implications for the scopes of work for ZHECT and/or other local partners (see recommendations section below).

ZHECT was also interested in SHARe II’s support for hosting a workplace recognition ceremony, a toolkit with briefs on various HIV-related subjects, (e.g., male circumcision) and assistance in building its capacity to be a directly fundable USG partner.

Zambia Interfaith Networking Organization on HIV (ZINGO)

Under SHARe II, ZINGO is responsible for building the leadership capacity of religious leaders from its seven mother bodies to provide appropriate and correct HIV messages and reach 8000 congregants per year. This is an advance from their role as a recipient of support under SHARe II and is, in large part, due to the technical assistance they received. ZINGO has appreciated the targeted support and training provided by SHARe II, has benefitted from the development of a strategic and operational plan and continues to use the OCA process to identify gaps. They noted that they will be using the OCA with the mother bodies as an entry point to building leadership and that staff financial management skills have improved as a result of SHARe II technical assistance. Staff interviewed noted that over time the partnership has moved from “directive and interruptive” to one that has

“clear boundaries and parameters; looking back, the initial tensions were healthy. We have a good relationship with SHARe II; they are collaborative. At appropriate times they assume the role of peer, mentor or partner. The project is great; and it is actually a scary thought that there could be no SHARe.”

ZINGO identified areas that could be more consultative, such as the development of the M&E tool and the protracted timelines for getting approval from both SHARe II and USAID affect implementation and should be addressed.

LEAD Program Zambia

LEAD uses a model called BizAIDS in the informal sector, targeting households and as well as small businesses in chiefdoms. The three-week program addresses health, including counseling and testing in week one, business skills in week two and succession planning in week three. In between participants are given assignments to discuss what they learn within their households and encourage other community members to access treatment and counseling. Over 300 people attend the three-week session. LEAD has been working with SHARe II for over four years and presently it is the organization’s sole source of funding. Nathan DeAssis, Executive Director, views SHARe II as a partner which has helped it expand its unique approach to the informal sector and led them to copyright the BIZAIDS model. However, he would like the relationship “to be seen as value added and not an appendage”; SHARe II should focus on “sustainable strengthening and not graduation.” LEAD’s primary ambition is not to be a prime. LEAD has benefitted from the support for data management and collection, a streamlined M&E system and strategic planning. But challenges have emerged regarding turnaround time on requests and procedures for VAT and the relationship between the prime and sub-partner. The focus group discussion raised the issue that the “Amount of funding we receive determines our staffing level,” which impacts our reach and effectiveness. They added SHARe II allows us “to implement our activities to the best of our ability.”

Zambia Association of Musicians (ZAM)

ZAM has been involved with HIV/AIDS since collaborating with SHARe I, and in the past 3 years of SHARe II has taken on HIV/AIDS as the focus for activities within ZAM. It uses

“We come from a situation where we had nothing, not even a paper clip, now to the point where the institution is receiving quite a lot of faith from other institutions. This is largely because we have focused on developing a strategic plan. Development of a strategic plan has been the most important activity for ZAM.”

-- ZAM interview

musicians to disseminate HIV/AIDS messaging through music and have conducted sensitization activities in different schools as per training received from SHARe II. ZAM meets with SHARe II quarterly and has tapped into SHARe more than they [SHARe II] may think—"We have the office that we can walk into, we have the sense that we are welcome at all time and appreciate the organization and structure that they provide. It is an invisible university." (ZAM)

ZAM just developed a strategic plan with SHARe II and the next step will be to operationalize the plan this year. The strategic plan has shed light on institutions that are relevant to society but do not have their own capacity to develop them. The process of developing the strategic plan was an eye opener as it helped ZAM understand how to develop a vision and organize themselves to accomplish this vision. ZAM plans to use the document to promote their vision. A challenge that was mentioned was that SHARe II is understaffed, and ZAM has depended on SHARe II to the point where they feel that SHARe II is too busy to provide continuous support. Ideally, ZAM would like to scale up efforts that it is doing with SHARe II, such as more sensitization activities in schools. As a result of ZAM's collaboration with SHARe II, its organizational level has gone up, the understanding of issues related to HIV/AIDS among members has improved and "our activities with SHARe II has attracted musicians [who were] in the side lines." (ZAM interview) For the future a center for ZAM activities and a secretariat would be instrumental in helping leverage resources to continue activities. ZAM believes that its five-year strategic plan goes beyond SHARe II and current ZAM leadership and therefore will lead to sustainability of activities within ZAM.

Zambia AIDS Law Research and Advocacy Network (ZARAN)

Overall, ZARAN felt it was not a collaborative partnership with SHARe II. They felt that SHARe II did not value their existing capacity or move to address their specific capacity needs, including lack of capacity to meet USG requirements. There was a feeling in ZARAN that SHARe II did not treat them as equal partners and "constantly looked down on their capacity." They noted that they communicated these concerns to SHARe II, though other than the much appreciated assistance from the SHARe II's finance unit, the project did not attempt to further improve ZARAN's organizational capacity. It should be noted that improving the organizational capacity of sub-partners, including ZARAN, so that they are capable of receiving and managing USG funds is outside the scope of work of the project.

Under SHARe II, ZARAN trained judges in advocacy and human rights, though they closed down in February 2013 due to lack of organizational capacity to sustain ongoing activities. They informed the SHARe II project that they would be unable to complete their scope of work, and are supposed to be returning the unspent budget to SHARe II (which as of writing this report has not yet happened). SHARe II communicated that it would be happy to reinstate a contract if ZARAN was to again become operational.

Project Management and Communication

USAID noted that the contracting mechanism is not as flexible as the Cooperative Agreement mechanism under SHARe I, which may have been more conducive to the nature of an adaptable capacity building project. Furthermore, as noted by USAID, a project such as SHARe II does not lend itself easily to standardized indicators (e.g., PEPFAR Next Generation Indicators (NGI)), which are often the only ones included in a USAID portfolio review. This is a challenge not only for SHARe II in how to best

measure, document and describe project activities, but also for USAID in terms of their ability to identify and respond to any areas that might require management, but especially technical direction.

It is clear that there is an immediate need for SHARe II to increase the frequency of higher profile activities and events (e.g., those that favorably attract media attention), but also to qualitatively improve their communication with USAID in terms of specifically identifying such events (including branded materials, events, etc.) and notifying USAID with as much advance notice as possible to allow USAID the opportunity to both promote on its end and attend as desired.

The SHARe II Chief of Party, Dr. Muka Chikuba, received positive feedback from SHARe II staff on her management style and ability to keep balance, and from interviewees related to Task 1b Legal/Policy on her technical aptitude and work style. From USAID it was noted that Dr. Chikuba was a trailblazer as the first Zambian Chief of Party.

Though the SHARe II teams work well together, there is room to improve communication and collaboration in order to maximize their comparative advantages. Some SHARe II staff noted a desire to work across technical areas and more effectively share information. Some activities recommended by staff include occasional joint activities across teams and/or joint technical meetings. There is a need for better coordination (in terms of logistics) as well as collaboration when activities are being undertaken in the same district. In addition, streamlining the review and approval process on document and activity requests would facilitate timely interventions.

Relative Priority given to Different Parts of the Project

SHARe II is intended to work across multiple sectors as well as at multiple levels—national level through policy and collaboration activities (tasks 1 and 4, respectively), and with community (task 1), workplaces (task 3) and CSOs and public sector coordinating structures (task 2). The USAID RFTOP (Annex 3, #18) lays out the intended level of effort to be applied to each of the four project tasks, summarized in Table 9.

Table 9. SHARe II Tasks by Percent Allocation in RFTOP

SHARe II Tasks	% allocation in RFTOP
Task 1: Strengthen and expand leadership and improve the policy and regulatory environment	30%
Task 2: Strengthen organizational and technical capacity of coordinating structures to sustain the HIV/AIDS response	25%
Task 3: Strengthen and expand HIV/AIDS workplace programs	25%
Task 4: Strengthen the collaboration of coordination of HIV/AIDS activities with the GRZ, USG funded partners and other stakeholders	20%
Total	100%

However, due to both external factors (e.g., NAC and PATF/DATF functionality, reorganization of ministries and units after the 2011 elections), and internal factors (communication across SHARe II project teams), the relative priority given to different parts of the projects has not matched that outlined in the RFTOP. Specifically, more attention should be given to Task 4.

When considering the relative priority to be given to different elements in the time remaining for the SHARe II Project, it is helpful to consider the environmental scan findings reported in the SHARe II Strategic Plan (Annex 3, #20), including the following:

- High HIV incidence rate (225 new infections/day) combined with lack of a coordinated national response—strong need for NAC and Ministry of Health (MOH) leadership (task 2), increased communication and collaboration across implementing partners and the GRZ (task 4), community mobilization through leadership activities (task 1a), and successful entry points to at risk populations with HIV prevention messages (task 3)
- Weak NZP+ response—requires strengthening (task 2)
- Positive legal improvements (AGBV law passed, Substance Abuse Act passes, Alcohol Policy progress, National HIV/AIDS Policy progress, HIV/AIDS inclusions into the Employment Act), combined with potential negative impact of new criminalization of HIV transmission (as part of AGBV Act), and alcohol being more readily available and cheaper—continued need for successful legal and policy level efforts (task 1b)
- Misinformation from religious leaders about HIV—need to continue work through sub-partners working with religious leaders (task 1a)

Based on this, the allocations outlined in the RFTOP to each of the project components still seem appropriate. Nonetheless, this evaluation identified some specific refinements to the approach in each area that might be considered to further strengthen SHARe II's effectiveness at reducing the impact of HIV/AIDS through a Multi-Sector Response, and at attaining the four IRs listed above.

RECOMMENDATIONS

Overall

- *Take every opportunity to make SHARe II activities more visible across all four tasks*
 - Utilize prominent figures, musicians (e.g., ZAM), HIV Champions and other leaders at high profile events (sporting, chiefdom strategic plan launches, etc.) to showcase and promote project activities.
 - Specifically communicate events and activities to USAID COTR and communications staff that may generate media or other high profile attention (i.e., specifically identify activities in the project work plan that might provide a public relations opportunity for USAID and notify USAID as soon as such activities have been scheduled to ensure they get on the USAID calendar).
- *Ensure identification, drafting, and routine submission of success stories to USAID.* Some current ideas based on the MTR findings include:
 - Chiefdoms not asking for money but for linkages and additional targeted capacity building support
 - Police forming HIV musical groups to help increase awareness
 - Income-generating project raising chickens among support groups for HIV/AIDS in police support camps.

Programmatic/Technical

Task 1a: Strengthen and expand leadership

- *Continue to provide supportive supervision and think of additional ways to operationalize chiefdom strategic plans, keeping an emphasis on HIV/AIDS.* Consider the feasibility and interest of a local partner working with a chiefdom to implement HIV-related activities as outlined in the strategic plan. At the same time SHARe II could use the sub-contracting opportunity to build the organizational capacity of the local organization in line with USAID Forward objectives of building their capacity to eventually be a direct recipient of USG funds.
 - *Finalize strategic plans and develop a phased, planned launch schedule* that can be provided to USAID ahead of time allowing them to plan to attend. Ensure the SP launches generate media and other high profile attention as appropriate, while ensuring that the launch is not the endpoint and emphasis is made to operationalize all launched plans.
 - Capacity building of chiefdoms to operationalize strategic plans through implementation/action plans
 - *Trainings in organizational development* -- leadership, M&E, decision-making, communication, proposal writing, resource mobilization, financial management
 - *Help identify and form linkages to other implementing partners and/or donors*
 - *Identify and build capacity of 1-2 key project managers* to carry forward and manage work plans developed as a result of SP in each chiefdom
 - *Expand to other chiefdoms* (SHARe is in 19 / plan to expand to 6) without losing focus on finalizing current ones and assisting with work plans
- *Scale up to work with leaders outside of traditional chiefdoms*, as indicated in the project's RFTOP (e.g., work with "champions" from sports, music, parliament, etc.).

- Promote sustainability
 - *Define SHARe II approach to developing Strategic Plans*, focusing on the elements of time, quality, achievability, operationalization and monitoring
 - *Implement a TOT Model, where applicable*, for training
 - *Engage Ministry of Chiefs and Traditional Affairs* or another organization to ensure buy-in from central government with Chieftdom activities, and to build their capacity to facilitate strategic planning process with new chieftdoms

Additional recommendations outside of SHARe II's current scope of work:

- *Support the Chieftdoms to implement successful Public-Private Partnership (PPP) models.* For example, SHARe II could build upon strong relationships they helped to foster between the Member of Parliament for Shakumbila Chieftdom and Chieftdom leadership by helping the chieftdom form linkages with local industries (e.g., Konkola Mines, Kafue Sugar, etc.) in order to both meet the development needs identified in Chieftdom strategic plans as well as meet corporate social responsibility objectives of the companies (similar to the very successful relationship SHARe I helped to form between The River Club and nearby Simoonga Village that continues to be hugely mutually beneficial years later). Note that to date the PPP model has been implemented by SHARe II's workplace team, so this recommendation may require a more intensive collaboration across these two SHARe II technical teams. Further note, that this may require a modification of SHARe II's contract with USAID as it is not in their current scope of work.

Task 1b: Improve the policy and regulatory environment

- *Assist in development of implementation plans associated with national policies, and help integrate into district level structures and work plans. Support ministries heading up respective policies as needed to develop implementation plans for approved policies (e.g., MOH for the National Alcohol Policy).*
- *Develop more intuitive tools/visuals to show and promote policy and legal work and progress. Disseminate to USAID and other stakeholders to document the process, timing and progress of activities to date.*
- *Once alcohol, and simultaneously the National HIV/AIDS Policy are approved, SHARe should embark on education campaigns from the local to institutional level. Incorporate into activities in Chieftdoms.*
- *SABMiller requested that SHARe conduct research in rural communities on the prevalence of underage and harmful drinking practices so that a baseline exists for subsequent education/policy implementation efforts. SHARe II might consider specifically asking new chieftdoms to look at the issue when undergoing the strategic planning process.*

Task 2: Strengthen organizational and technical capacity of coordinating structures to mitigate the impact and sustain the HIV/AIDS response

Consolidate and strengthen existing activities, and work with the GRZ at all levels to think through how HIV should/could be addressed sustainably going forward. Meanwhile, support for NAC and the district levels should prioritize the following:

- *Focus on helping NAC think through whether DATFs should continue in their present form, or if a different model might work better to meet the HIV/AIDS needs in Zambia going forward*
 - E.g., incorporate into a public health institute with a department focusing on HIV, similar to CDC model, under the DHO or DDCC, etc.
- *Operationalize the strategic plans among the 15 pilot DATFs to further strengthen their ability to coordinate the local response in those Districts.* Regardless of the future structure and role of DATFs, it is likely the staff trained as part of SHARe II's DATF work may continue to support HIV/AIDS coordination efforts at the district level, and thus work to further strengthen capacity is warranted. Note: This is not intended to shift the focus away from the contractual obligation to work with the other 57 DATFs as technical assistance that is currently being provided is based on the performance standards developed for the Certification process.
 - *Prioritize training based on specific needs of DATFs (e.g., M&E, financial management, resource mobilization)*
 - *Build in training of trainers model to relevant trainings to enable continuous internal capacity*
 - *Define and increase supportive supervision to reinforce capacity gains*
 - *Evaluate effectiveness of DATFs' ability to coordinate and address weaknesses;*
 - *Intensify work to ensure clear impact and change, strengthen local linkages between coordinating structures and other local public health entities and other partners*
- Pending guidance from GRZ on the funding of the DATFs, create a responsive plan that may include structures such as DDCCs, PATFs and PDCCs
- *Link Chiefdom Strategic Plans with district development plans*
- *Implement HIV training curriculum to support civil society to understand their role in the epidemic*

In addition to activities outlined in the 2013 SHARe II Annual Work plan, recommended support for NZP+ includes:

- Assist NZP+ Secretariat to develop appropriate job descriptions, post job announcements, and help NZP+ market potential high-level candidates to funders to solicit rekindled support
- Develop/adapt a manual to assist board composition, development and governance
- Assist the Secretariat to develop management standards and to align program implementation strategies with targets for staff to guide organizational performance evaluation
- Strengthen Secretariat to build local capacity of NZP+ chapters through, for example, re-initiating the certification process.

Additional recommendations outside of SHARe II's current scope of work:

- *Develop selection criteria and carry out targeted scale up of basic certification and capacity building activities in additional Districts beyond the initial 15 pilot DATFs*
 - Develop a 'process map' from OCA→certification→strategic planning, and tailor interventions to specific needs of a DATF
 - *If strategic planning is scaled up to additional districts, ensure existing strategic plans are first streamlined so they are more concise and usable, and operational plans have first been developed for existing 15 DATFs*

- Note, however, that SHARe II is currently contractually obligated to work in all 72 districts.

Task 3: Strengthen and expand HIV and AIDS workplace programs

In order to maximize the health impact through the delivery of workplace programs, it is recommended that SHARe II:

- *Continue scaling up activities in specific public sector workplaces* (e.g., those where staff stay in camps and/or away from their families for prolonged periods of time such as prisons, police, ZAWA, etc.).
- *Continue scaling up informal private sector workplace activities* (e.g., through working with the Livingstone Tourism Association (LTA)).
- *Graduate activities in the formal private sector—emphasizing sustainability through training on-site master trainers in each workplace, as feasible.*
- All workplace activities should *increase focus on sustainability*
 - *Strongly emphasize a “training of trainer” (TOT) model.*
 - *Increase training on resource mobilization* to build capacity to apply for funds
 - *Encourage collaboration between workplaces and DATFs* to receive IEC materials, condoms, etc.
 - *Involve other umbrella and training institutions to mainstream HIV/AIDS* (e.g., trade unions, management training institutions)
 - *Private sector, work to mainstream policies at umbrella institutions such as unions, etc.*
 - *Implement the ‘champions’ model* to contribute to the uptake and sustainability of workplace activities
 - *Help build support and capacity of senior management within other line ministries—*building on successful activities in the Ministry of Home Affairs—to support HIV workplace activities through workshops and/or leadership training, and joint planning of workplace activities between SHARe II and partners
 - *Work to update/develop public sector workplace policies and implement a process of disseminating them to/operationalizing them at lower levels*
- In line with Global Health Initiative principles, continue to take a holistic approach to HIV prevention by addressing HIV in the context of overall health and related priority health issues (e.g., cervical cancer, tuberculosis, malaria, diabetes, etc.).
- Use the PPP model to leverage resources for operationalizing the strategic plans within chiefdoms (see recommendation under Task 1a above).
- Refine and strengthen relationship with local implementing sub-partners *through regular, quarterly or bi-annual partners’ meetings* (see recommendation under Work with Sub Partners below)
- Our interviews also showed that while SHARe II has helped build the capacity of staff to collect program data and conduct regular reporting, there needs to be additional trainings to build the capacity of more staff to reinforce reporting, use of tools and how to use this data within the workplace.
- Increase collaboration with other USG implementing partners to conduct joint trainings at workplaces

- Work with SHARe II Policy/Legal Team to ensure national and workplace policies are disseminated from top level down to lowest levels
 - E.g., develop IEC materials with core, operationalized policy components and disseminate to the lowest levels. Use opportunity to brand USAID.
- Work with SHARe II Coordinating Structures Team to build capacity of the DATF to reach out to workplaces (e.g., using IEC materials) to make linkages for employees to services, support groups, etc.
- Work with SHARe II Coordinating Structures Team to link formal and informal private sector companies to DATFs to, for example, help fund promotional materials (as part of private company social responsibility strategies), strengthen links between workplaces and local service providers, support groups, etc.

Task 4: Ensure collaboration and coordination of HIV/AIDS activities with the GRZ, USG-funded partners and other stakeholders

- *Assist NAC to hold annual State of the Response meetings and clarify roles of NAC and MOH related to a coordinated response*
- *Increase collaboration and communication across local partners and sectors through hosting regular, quarterly or bi-annual partners' meetings (see similar recommendation under Task 3 above).*
- *Work with the new Director General of NAC to bring together partners in State of the Response meetings to introduce himself and start a conversation/collaboration across implementing partners and stakeholders.*
- *Roll out of the national M&E framework and system (indicators, tools, reporting requirements).*
- *Work directly with other USG implementing partners to assess and strengthen their own workplace-based HIV/AIDS and health programs.*
- *Ensure information on the NAC website, <http://www.zambianacmisonline.org>, is up to date, and help increase knowledge and use of website at the district level to increase local collaboration and coordination.*

Work with Sub Partners

In its second half, the project should focus on sustaining the gains realized by beneficiaries while further placing an emphasis on strengthening sub-partners. The recommendations broadly include setting goals to meet specific capacity building needs, creating indicators for measuring progress, and providing more opportunities for communication.

- *Hold bi-annual meetings with all sub-partners to exchange ideas and information*
- *Operationally define supportive supervision so that there is uniformity in how it is applied to support sub-partners*

Additional recommendations outside of SHARe II's current scope of work:

- *Determine the gaps and build capacity of sub-partners to become directly funded USAID partners. Note, however, that this would require a modification of SHARe II's contract with USAID as it is not in their current scope of work.*

- Build sustainable capacity through *training in resource mobilization, proposal writing and documentation*. Note, however, that this would require a modification of SHARe II's contract with USAID as it is not in their current scope of work.

ZHECT

The recommended change in emphasis for the workplace component, Task 3, will have an impact on the future scope of work for ZHECT who is contracted to implement formal private sector activities. SHARe II should:

- Once SHARe II decides on the future focus of their workplace activities for the second half of the project, they should *convene regular partner meetings with all sub-partners to review progress toward targets, identify ongoing capacity building needs, ensure communication of best practices and lessons learned and foster sustainable collaboration across all partners*.

Additional recommendations outside of SHARe II's current scope of work:

- *Work with ZHECT, and other local partners, to identify their interest and capability to implement and scale up activities in the informal private sector, especially since SHARe II's current workplace staff is not sufficient to directly implement activities across all public and informal private workplaces. Note, however, that this would require a modification of ZHECT's contract with SHARe II as it is not in their current scope of work.*

ZINGO

- Help ZINGO strengthen the leadership of the mother bodies to be more effective in implementing the messaging component. Continue current efforts to help ZINGO reposition itself and to equip religious leaders to disseminate accurate HIV/AIDS messaging.

LEAD

- *Help LEAD to evaluate its effectiveness in reducing vulnerability and building business skills and strengthen their strategies accordingly*—the effectiveness of LEAD's approach near and long term is important to determine for their own growth and ultimately for their input to SHARe II's efforts.

ZAM

- Help ZAM *launch and operationalize their strategic plan through establishing strategic linkages with chiefdoms, DATFs, and others*
- Provide *additional trainings for ZAM members in conducting sensitization activities and incorporate a TOT approach to promote sustainability*

Project Management and Communication

SHARe II is a complex project with four task units, each with its own mandates, deliverables and indicators. Though collaboration is strong, coordination across the units needs to be strengthened. The

project needs to take more time to review what is effective and what needs reworking. Thoughts should be given to identifying the core competencies within each task and making use of internal expertise to promote efficiency and effectiveness. Communication is also an issue; more effort to talk about how to work together and share successes and challenges could bring in new ideas and foster teamwork.

Strengthen Communication:

- Use a holistic approach to identify beneficiary support needs and work across units to address them
- Use staff meetings for identifying cross-task needs

Improve Efficiency:

- Review/share current tools to determine if they can be harmonized rather than duplicated
- Develop uniform but flexible guidelines for strategic planning development across tasks
- Consider setting criteria for determining when an organization/structure is ready for strategic planning to reduce workload and properly address 'readiness'
- Come to agreement on what supportive supervision is and how and to whom it should be delivered
- Create an integrated supervision checklist to reduce the number of field visits needed and build cross-task understanding

Support Implementation:

- Use evaluation to determine sustainability of approach by sub-partners and project
- Ensure training received is able to be transferred to others by including TOT and practical applications in the training
- Vary training methodology to shorten time periods and include practical applications, such as TOT or practice training to strengthen capacity to relay information to other staff. Use, as available, web-based training, and self-directed materials.

FUTURE DIRECTION

Overall Effectiveness of the Approach/Lessons Learned

Overall, program activities are very positively perceived by beneficiaries and stakeholders. However, it was frequently noted that SHARe II is not as visible (in terms of high-profile public events, as well as frequency of intervention) as it was under SHARe I. The overall impression by the MTR team is that the SHARe II project has been highly effective though has room for fine-tuning the interventions and approach to maximize effectiveness.

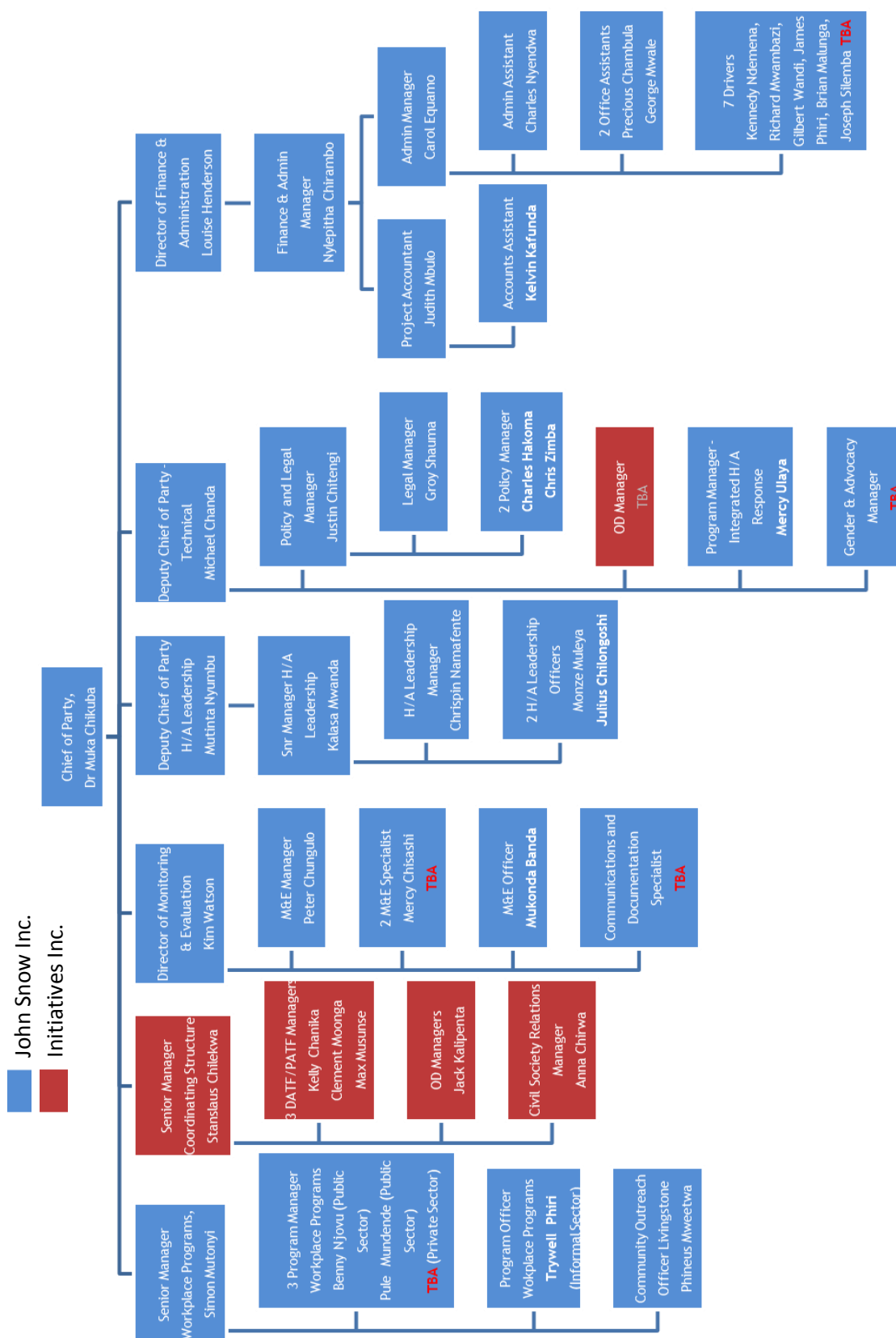
Specifically, the policy and leadership components are very well received. The policy activities (**Task 1b**) are inherently sustainable in that they have resulted in positive changes to national laws and policies as well as in beneficial changes in judiciary practices (e.g., use of HIV cases in judgements). Nonetheless, *simple tools to showcase SHARe II policy and legal activities should be developed and disseminated* to USAID and others to document the process, timing and progress of activities to date. The leadership activities (**Task 1a**) are high profile (though could be more so) and so far have been very effective in mobilizing communities to advocate for their own health and well-being. *Emphasis on operationalizing chiefdom strategic plans, keeping an emphasis on HIV/AIDS, is needed, as is scaling up to work with leaders outside of traditional chiefdoms*, as indicated in the project's RFTOP (e.g., work with "champions" from sports, music, parliament, etc.).

In line with the Global Health Initiative principles and with what the MTR team heard from every workplace we visited (**Task 3**), SHARe II should continue to take a holistic approach to HIV prevention. They should *consolidate workplace activities in those workplaces that will realize the greatest impact on HIV prevention—i.e., higher-risk public sector and informal private sector workplaces*. The relationship with local implementing sub-partners should be refined and strengthened *through regular, quarterly or bi-annual partners' meetings for those implementing private sector workplace activities*, also increasing collaboration and communication across partners and sectors (**Tasks 3 and 4**).

SHARe II work to strengthen coordinating structures (**Task 2**) should focus on *operationalizing the strategic plans among the 15 pilot DATFs to further strengthen their ability to coordinate the local response* in those Districts, while *scaling up basic certification and capacity building activities in the additional 57 Districts*, starting with those identified as most vulnerable, and with interventions tailored to specific needs. SHARe II should *consider whether strengthening NZP+ district chapters is desirable and feasible* within their current scope of work (that directs the project to work at the national level). Somewhat handicapped in their planned activities with NAC based on external factors, SHARe II should continue to work with NAC to promote and *support NAC in bringing together the various multisectoral partners to facilitate a more coordinated national response to HIV/AIDS* (**Task 4**).

Finally, SHARe II should take every opportunity to *make SHARe II activities more visible*, including utilizing ZAM and others events (sports, etc.) to showcase and promote their work, while at the same time allowing USAID the opportunity to see the visible presence of their investment into HIV/AIDS impact mitigation in Zambia.

ANNEX 1. SHARe II Staff



ANNEX 2: SHARe II Mid-Term (Year 3) Review Scope of Work

I. TITLE

Activity: SHARe II Project Mid-term Assessment
Contract: GHH-1-00-07-00059-00

II. PERFORMANCE PERIOD

The period of performance will run approximately from April 15 2013 through July 30, 2012 including 2 weeks of in-country work (beginning April 22, 2013).

III. FUNDING SOURCE

The funding source will be through SHARe II field support funds.

IV. BACKGROUND

The five-year United States Agency for International Development (USAID)-funded Support to the HIV/AIDS response in Zambia (SHARe II) Project was designed by USAID to address four broad project objectives:

- Objective 1: Strengthen and expand leadership involvement in HIV/AIDS and improve the policy and regulatory environment;
- Objective 2: Strengthen organizational and technical SHARe II of coordinating structures to sustain the HIV/AIDS response;
- Objective 3: Strengthen and expand HIV/AIDS workplace programs;
- Objective 4: Strengthen collaboration and coordination of HIV/AIDS activities with the GRZ, USG funded partners, and other stakeholders.

SHARe II is implemented by John Snow Inc. (JSI) and partners: Initiatives Inc.; LEAD Program-Zambia; Zambia Interfaith Networking Organization on HIV (ZINGO); and Zambia Health Education and Communication Trust (ZHECT).

V. PURPOSE

The purpose of this assessment is to review the performance and the progress of implementation of the 5-year Support to the HIV/AIDS Response in Zambia (SHARe II) project, which is now at its mid- point, towards agreed project deliverables. The assessment shall identify factors enabling or impeding effective implementation of different components of the project. The assessment will also advise on any needed redirection of strategies or priorities, which might modify currently utilized approaches and/or suggest areas that might need emphasis during the last half of the project. More specifically, the evaluation team is expected to assess the contribution of the SHARe II project towards achieving USAID's Development Objective 3: Human Capital Improved, and the associated IRs and Sub-IRs as detailed under USAID/Zambia's Country Development Cooperation Strategies (CDCS) 2011 -2015, and highlighted below:

USAID DO3 Human Capital Improved: Human capital is a multi-dimensional concept that merges the knowledge, skills, and capabilities that people need for life and work. It refers to education and health levels as they relate to economic productivity, and is a crosscutting constraint in Zambia, that must be addressed holistically rather than as discrete interventions. Human capital requires an educated

populace that is able to make sound decisions that affect the health and welfare of families, and a healthy populace that is able to participate fully in education and economic opportunities.

USAID IR 3.2 Health Status Improved: Improved health status reduces household and government expenditures on health care, freeing resources for more productive investments thus contributing to human capital as well as rural poverty reduction;

USAID Sub IR 3.2.2 Health Systems and Accountability Strengthened: USAID/Zambia activities to improve health systems and accountability will include improving human resource SHARe II and management, drug logistics, monitoring systems, and SHARe II to conduct research and develop new interventions; and

USAID Sub IR 3.2.3 Community Health Practices Improved: USAID/Zambia assistance activities will work with community organizations to reach citizens and increase their knowledge of preventive behaviors and healthy practices.

VI. ISSUES TO INVESTIGATE

The review should also include a look at the progress made in operationalizing the four key objectives which are listed in the background section above.

The assessment team will be comprised of 5 team members, 3 from JSI/Boston, 1 from Initiatives Inc./Boston (1), and 1 team member recruited locally from Zambia. The assessment team will -- through interviews, data collection, and review of the resources -- provide answers to the following questions:

Programmatic/Technical

- Is SHARe II on the right track to achieve the agreed results? What major changes, if any, need to be made? Are there any significant gaps?
- What are the strengths and innovative activities being undertaken that should be continued/emphasized and may be a best practice for other implementers to learn from?
- What are the most notable successes (exceeding expectations)?
- What were the major shortcomings or failures? What were the challenges or changes in circumstances that explain these successes or failures? How has SHARe II responded to these changes? Are there improvements to responses and/or systems which should be considered?
- *Are there any interventions in SHARe II that could be dropped or scaled down so that resources can be channeled to other interventions?*

Work with Sub-partners

- How well has SHARe II been able to manage its sub-partners Zhect to maximize health impact through the delivery of workplace programs?
- How well has SHARe II been able to manage its sub-partners LEAD to maximize health impact through the delivery of informal sector workplace programs?
- How well has SHARe II been able to manage its sub-partners ZINGO to maximize health impact through the delivery of
 - *age appropriate, comprehensive HIV/AIDS messages to congregants by trained religious leaders;*
 - *through advocacy for more resource allocation to HIV/AIDS and iii through building champions who will be the voice of the voiceless regarding HIV/AIDS issues*

Cross Cutting

- How well is SHARe II aligned with the GRZ priorities and objectives? Cite any examples of where the program made significant differences in how the GRZ ministries and NAC operates, results obtained and its reform and direction.
- What elements of the program are making progress towards sustainability? What are not, and what else could be done?
- Describe the work done to strengthen national institutions, Chiefdoms, workplaces, policies. What are the major results, challenges and recommendations? Cite examples of where SHARe II has made significant differences in the way partners operate.
- How does the program complement the work of other donors, NGOs and MOH health programs? Any missed opportunities and what recommendations?
- What mechanisms are in place to ensure coordination and synergy with GRZ, other donors, and other USG supported activities? How effective are these? What recommendations?

Management

- How well is the overall administrative and implementation structure working to manage and carry out project objectives?
- How well is the SHARe II team, including management structure and staff positions, interacting productively with the AOTR and AO, USAID health team? Discuss relative strengths and weaknesses?
- How is the current program being managed (both technically and financially)? Discuss the degree to which this management approach adequately documents decisions made, accomplishments and changes. Discuss any challenges to the managements approach that affect outcomes.
- How well does communication flow between the prime and sub partners? What are the successes and challenges? Discuss any recommendations for improvement?
- How effectively has USAID been able to manage the SHARe II Project and provide needed management and technical direction? What have been barriers or shortcomings?
- How well do the components within SHARe II team work together to maximize their comparative advantages?

Future Direction

- What are the overall impressions of the SHARe II project and recommendations for current and future programming?
- What recommendations would you make regarding future plan or approach for programmatic and funding sustainability of SHARe II interventions such as
 - leadership activities
 - ensuring policy agenda is pushed forward
 - building and sustaining SHARe II of coordinating structures and general support to NAC
 - workplace programs
- How have the program activities been perceived by beneficiaries and stakeholders: end-users, NGOs, MOH, UN agencies and other donors, mission and the embassy? What have been the drawbacks of the US visibility and/or invisibility?

VII. METHODOLOGY AND PROCEDURES

The evaluators should consider a range of possible methods and approaches for collecting and analyzing the information required to assess the evaluation objectives. The methodology will include, but not be limited to: Team planning Meeting (TPM), document review, key informant interviews (including SHARe II staff, USAID, NAC, ZINGO, ZHECT, LEAD and other local partners), site visits to chiefdoms, members of Parliament, DATFs, NZP+ chapters, workplaces, and direct observation.

Existing Data Sources

The team will review briefing materials that will be provided by SHARe II including but not limited to the following:

- RFTOP for SHARe II project
- Technical approach SHARe II and Amendments
- SHARe II Strategic Plan
- SHARe II first and second year work plans
- SHARe II quarterly reports
- SHARe II PMP and indicators
- SHARe II Semi-annual PEPFAR reports
- Government of Zambia key documents (National AIDS Strategic Framework 2011-2015, National Monitoring, Research and Evaluation Plan 2011-2015, etc...)
- Zambia DHS 2007
- Baseline Workplace KAP report
- Baseline Chiefdom findings; do not anticipate to have final report at this time
- Concept notes
- DATF OCA Tool and 2011 DATF OCA Report
- District Coordination Toolkit
- Selected DATF District HIV/AIDS Strategic Plans
- DATF certification standards
- DATF External Assessors certification Guidelines
- DATF Pilot certification baseline Results
- NZP+ Strategic Plan 2012-15 and NZP+ Operational Plan 2012-14
- ICOZ draft Strategic Plan
- PACA/DACA HIV/AIDS Technical Training Information
- Sample of draft policies
- Draft National Alcohol Policy
- National HIV/AIDS Workplace Policy
- Situational analysis report for the National HIV/AIDS policy
- Draft simplified version of enacting laws
- Draft Gender manual

Technical Planning Meeting (TPM)

The assessment team will start their work with a planning meeting prior to the onset of key stakeholder meetings and field work. The purpose of the TPM will be to clarify team roles and responsibilities; to develop the work plan and methodology; and to create a timeline and action plan for completing the deliverables. In the meeting, the team will specifically:

- Share background, experience, and expectations of each of the team members for the assignment;
- Formulate a common understanding of the assignment, clarifying team members' roles and responsibilities;
- Agree on the objectives and desired outcomes of the assignment;
- Establish a team atmosphere, share individual working styles, and agree on procedures for resolving differences of opinion;
- Revisit and finalize the assessment timeline and strategy for achieving deliverables;
- Develop and finalize data collection methods, survey questionnaire, and guidelines;
- Develop preliminary outline of the team's report and assign drafting responsibilities for the final report.

During the TPM, an in-briefing with SHARe II will be held to discuss expectations of the assessment.

Data collection:

The information collected will be mainly qualitative guided by a key set of questions. Information will be collected through personal and/or telephone interviews (rarely) with key contacts, through document review, and through field visits. The full list of stakeholders and contacts will be provided. Additional individuals may be identified by the Evaluation Team at any point during the evaluation. Key informant interviews will include but not limited to:

- SHARe II staff
- USAID/Zambia technical team members
- NAC staff
- Staff from selected sub-partner NGOs of SHARe II
- SHARe II beneficiaries including members of Members of Parliament, the Judiciary, Zambia Police Service, Zambia Prison Service, Musicians, Chiefs and their Headmen, DATFS/PATFS, NZP+ secretariat and its chapters, PAW groups, and private and public workplaces.

The proposed list of key contacts is included as Appendix I, please note that separate tools will need to be developed based on which objective/task the contact is associated with.

Field visits:

The team will coordinate with SHARe II to prepare for and conduct site visits while in-country, and to interview key informants at these sites. Final determination of site visits will be made during the TPM described above, but are likely to include visits to SHARe-participating workplaces (public and private sectors), DATFs/PATFs, and Chiefdoms.

Briefing/final debriefing meetings

The Evaluation Team will meet with the SHARe II staff to review the scope of the final evaluation, the proposed schedule, and the overall assignment. The initial briefing will also include reaching agreement on a set of key questions and will take place over one day (or could be incorporated into the TPM).

At least two days prior to ending the in-country evaluation, the team will hold a debriefing with SHARe II and afterwards, a separate debriefing with USAID to present the major findings and recommendations

of the evaluation. These recommendations will focus on the accomplishments, weaknesses, and lessons learned in the program, including recommendations for improvements and increased effectiveness and efficiency of the SHARe II program.

VIII. SKILLS AND LEVEL OF EFFORT

Team Composition

A Team Leader, with expertise in HIV/AIDS programming, public health management, policy analysis, and/or SHARe II building, will be an international consultant with extensive USAID program implementation and evaluation experience, and will possess proven skills in assessment and analysis of HIV/AIDS and/or SHARe II strengthening and/or policy programs. S/he must have a proven track record supervising teams in the field and producing high quality and concise reports, as well as extensive experience working in Africa, preferably including Zambia. The team leader will:

- Establish evaluation team roles, responsibilities, and tasks;
- Develop data collection instruments/questionnaire
- Facilitate all necessary meetings in the U.S. and in Zambia;
- Ensure that the logistics arrangements in the field are complete;
- Coordinate schedules to ensure timely production of deliverables;
- Coordinate the process of assembling individual input/findings for the evaluation report and finalizing the evaluation report;
- Lead the oral and written preparation and presentation of key evaluation findings and recommendations.

Three Consultants (either local or abroad) with familiarity of Zambia and or expertise in the described methodology will assist in key informant interviews, data collection, qualitative instrument preparation, and analysis of collected data. Combined qualifications should include: expertise in HIV/AIDS, epidemiology and infectious disease prevention and control. It is preferable that at least one of the consultants be familiar with projects with a significant policy component and/or evaluations of policy projects, and policy analysis.

We will hope that two of the four team members will have familiarity with SHARe II. The advantage to this is that they will have the background, be able to direct other team members to resources, be able to ask more pointed questions of key informants, etc. In having a team with at least two people who are not familiar with SHARe II will balance out the issues of inherent biases or come in with foregone conclusions.

Level of Effort

An illustrative table of Level of Effort (LOE)* follows:

Activity	Team Leader	Intl Consultants (3)*	Local Consultant (1)
Preparation and pre-field work (remote work)	5 days	3 days	3 days

* A six-day -work week is authorized when consultants are working in country.

Document Review (remote-country work)	2 days	2 days	2 days
Travel to Zambia	2 days	2 days	
Team Planning Meeting (TPM) (in-country work)	1.5 days	1.5 days	1.5 days
Briefing Meeting with USAID/Zambia (in-country work)	0.5 day	0.5 day	0.5 day
Interviews with key informants (in-country work) and Site Visits (in-country work)	5 days	5 days	5 days
Drafting of Summary Report and any necessary interview follow-up (in-country work)	2 days	2 days	2 days
Debriefing Meetings with SHARe II staff and USAID/Zambia (in-country work)	1 day	1 day	1 day
Travel- Return Home	2 days	2 days	
Draft Report (remote work)	5 days	3 days	3 days
Finalizing Report after SHARe II staff have reviewed (remote work)	2 days	2 days	2 days
Total LOE (estimated)	28 days	24 days	20 days

IX. LOGISTICS

SHARe II will assist in arranging local meetings and provide all transportation assistance for appointments and arrange for local lodging. If needed, SHARe II and JSI will provide support for overseas travel and other logistics including immunizations.

X. DELIVERABLES AND PRODUCTS

Deliverables

- A written work plan prepared during the TPM and submitted to SHARe II for review and approval before field work and key informant interviews begin.
- A draft report outline prepared during the TPM.
- Debrief meetings will be held with SHARe II staff and with USAID before the team's departure and prior to the submission of the draft report. If needed, the team will prepare a PowerPoint presentation for this event.
- Prior to departing SHARe II's offices, a draft summary addressing key performance findings, conclusions, recommendations and lessons learned will be submitted. Feedback from the final debriefing will be incorporated into this draft report. SHARe II will have 14 days following the submission of the draft summary to respond and provide written comments and feedback to consultant team. This summary will form the bases for the initial report.
- The initial report will be due 30 days after returning from Zambia. The report shall not exceed 30 pages, excluding the annexes.
- SHARe II will have 14 days to review and provide feedback on the draft report.
- The evaluation team will have 5 days to respond and revise the report after the comments are received.

- Once SHARe II signs off on the final unedited report, consultant team will have the documents edited and formatted and will provide the final report to SHARe II for distribution. It will take approximately 10 days for consultant team to edit/format and print the final document. This will be an internal document.
- One finalized SHARe II will be responsible for the dissemination of relevant findings will occur through official channels at local level (Mission, USG and stakeholders).

Suggested format for report

- Executive Summary
- Table of Contents
- List of Acronyms
- Introduction
- Background
- Methodology
- Finding & Issues
- Lessons Learned
- Recommendations
- References
- Annexes (institutions visited, persons interviewed, etc)

The consultant team will provide the edited and formatted final document approximately 30 business days after SHARe II provides final approval of the report.

XI. RELATIONSHIPS AND RESPONSIBILITIES

In-country, the evaluation team will report to Dr. Muka Chikuba, Chief of Party. They will also work with other members of the USAID/Zambia health team in preparing and drafting the required documents.

SHARe II will provide:

- International travel (full-fare economy) to and from the consultant's point of origin.
- Consultant(s) per diem and lodging expenses.
- Reserve hotel/guest house accommodations in country.
- Arrangements/scheduling for in-country site visits.

Prior to in-country work

SHARe II will undertake the following:

- Consultant Conflict of Interest: To avoid conflicts of interest (COI) or the appearance of a COI, review previous employers listed on the CV's for proposed consultants and provide additional information regarding any potential COI.
- Background Documents: Identify and prioritize background materials for consultants and provide them to GH Tech as early as possible prior to teamwork.
- Key Informant and Site Visit Preparations: Provide a list of key informants (e.g., Parliamentarians, NAC staff, NGO staff), list of workplaces, DATFs/PATFs, Chiefdoms, etc., and suggested length of field visits for use in planning for in-country travel and accurate estimation of country travel line items costs (i.e., number of in-country travel days required to reach each destination, and number of days allocated for interviews at each site).

- Lodging and Travel: Provide information as early as possible on suggested lodging and identify a person in the SHARe II office to assist with logistics.

During in-country work

SHARe II will undertake the following while the team is in country:

- Point of Contact: Ensure constant availability of the Point of Contact person(s) to provide technical leadership and direction for the consultant team's work.
- Meeting Space: Provide assistance with identifying and arranging meeting space for interviews.
- Meeting Arrangements and Field Visits: While consultants typically will arrange meetings for contacts outside of SHARe II, support the consultants in coordinating meetings with stakeholders and organizing site visits.
- Formal and Official Meetings: Arrange key appointments with national and local government officials and accompany the team on these introductory interviews (especially important in high-level meetings).
- Other Meetings. If appropriate, assist in identifying and helping to set up meetings with local development partners relevant to the assignment.
- Facilitate Contacts with Partners. Introduce the team to project partners, local government officials, and other stakeholders, and where applicable and appropriate, prepare and send out an introduction letter for team's arrival and/or anticipated meetings.

Following in-country work

SHARe II will undertake the following once the in-country work is completed:

- Timely reviews: Provide timely review and approval of the draft/final draft reports.

ANNEX 3: PEOPLE INTERVIEWED

23 April, 2103

Ruth Muchazhi: Namwala DATF Member and NZP+ District Coordinator
Gevor Nsanzya, Namwala DATF District Commissioner
Mr Yotam Lungu, Prison Headquarters, Kabwe
John Yomba, Kabwe DATF
Dorothy Nyambe, Kamfinsa Training School, Kitwe
Patrick Lungu, Ndola Central Police
Edna Mwale, Ndola DACA and Ndola DATF Member

24 April, 2103

Chief Chikanta, Chikanta Chiefdom (Kalomo)
Chikanta Chiefdom Focus Group (Headmen, Village Development Trust, School Headmaster, Community Members)
Dr. Clement Chela, Director General NAC
NAC Focus Group Discussion, Harold Witola, Scrivener Kambi-Kambi, John Banda, Douglas Hampande
Dorothy Nyambe, Kamfinsa Training School, Kitwe
Kunyima Banda, NZP+ Secretariat, Coordinator of Programs

25 April, 2103

Chaplain Happy Chileshe, Principal Katombora Reformatory School, Zambia Prisons, Livingstone
Chief Mukuni, Mukuni Chiefdom
Ruben Chikumba, Human Resource Manager, ZAWA, Livingstone
Eugene, General Manager River Club Lodge, Livingstone
Sitembile Kayumba, Human Relations Manager, Protea Hotel, Livingstone
Patrick Lungu, Ndola Central Police

26 April, 2103

DACA, Livingstone DATF
Headmaster and School Teacher, Simoonga Village, Livingstone
SHARe I trained HIV Coordinator, Simoonga Village
Eunice Massi PACA Lusaka PATF
Richard Mwene or Dr. Solomon Jere (Task 1) Director Training or Deputy Inspector General Zambia Police

29 April, 20130

Chilufya Phiri, Executive Director, ZHECT
Godwin Banda, ZHECT staff
Sam Lubasi, ZHECT staff
Mulako Nabanda, ZHECT staff
Nasilele Liywallii, ZHECT staff
Mercy, ZHECT staff
Nathan De-Assis, LEAD Zambia

LEAD Focus Group Discussion: Moses Mbawo (Program Coordinator), Paul Chungu (HIV Specialist), Esther Kakwesa (Accountant)

Bishop Masupa, ICOZ

Mr. John Mayeya, MOH

Gwen Mumba, Judiciary

Issac Zimba, National Coordinator for HIV/AIDS Zambia Police

Mrs. Malala Mwendela, Former Executive Director, ZARAN

Mrs. Rayrose Hamweene, HIV Coordinator, Ministry Agriculture and Livestock

Mr. Thompson Tembo, HIV Coordinator, Ministry Transport, Works, Supply and Communication

30 April, 2013

Chris Mahoney, Communications, USAID

Ian Membe, Pepfar, USAID

Justus Kamwesigye, M&E, USAID

Ngatila Phiri, COTR, USAID

Dr. Christopher Kalila, CAPAH (phone interview)

ZINGO Focus Group Discussion: Pauline Kumwenda (F/A Manager), Mwila Bwalya (M&E Officer), Julie Baratita (M&E Director), Demus Nyeliti (Prevention Specialist), Louis Changula (Capacity Building Specialist), Lucky (Account Assistant), Freeman Mulenga (Advocacy and Communication Specialist) and Veliwe Banda

Mr. Chivunda, Director and Focal Point Person, Ministry of Labour

Mr. Maiko Zulu ZAM President, ZAM

Mr. John Mayeya, MOH

1 May, 2013

Hon Austin Milambo, Member of Parliament, Shakumbila Chiefdom

Kambikambi, SABMiller

Dr. Katele Kalumba, Headman, Bwile Chiefdom

Yusuf Ayami, ZINGO Executive Director

SHARe II staff interviews: Dr. Mutinta Nyumbu, Max Musunse, Anna Chirwa, Dr. Muka Chikuba, Kim Watson, Louise Henderson, Phinias Mweetwa, Monze Muleya, Kelly Chanika, Simon Mutonyi, Stan Chilekwa, Charles Hakoma, Dr. Michael Chanda

ANNEX 4: DOCUMENTS REVIEWED

Task	No.	Document Name
Task 1a: Leadership	1	Concept note
	2	ICOZ draft Strategic Plan
	3	Chiefdom Strategic Plans Chikanta (has been Launched), Shakumbila, Mwandi, Kanyembo all in draft
Task 1.b.Policy	4	Draft National Alcohol Policy
	5	Situation Analysis of HIV and AIDS in the Zambian World of Work
	6	Draft simplified version of enacting laws
	7	Draft Gender manual
Task 2: Coordinating Structures	8	DATF OCA Tool and 2011 DATF OCA Report
	9	District Coordination Toolkit
	10	Selected DATF District HIV/AIDS Strategic Plans
	11	DATF certification standards
	12	DATF External Assessors certification Guidelines
	13	DATF Pilot certification baseline Results
	14	NZP+ Operational Plan 2012-14
	15	NZP+ Strategic Plan 2012-15
Task 3: Workplace	16	PACA/DACA HIV/AIDS Technical Training Information
	17	National HIV/AIDS Workplace Policy
Project Docs	18	RFTOP for SHARe II project
	19	Technical approach SHARe II and Amendments
	20	SHARe II Strategic Plan
	21	SHARe II first and second year work plans
	22	SHARe II quarterly reports
	23	SHARe II PMP and indicators
	24	SHARe II PEPFAR reports
	25	Success Stories
	26	Baseline Workplace KAP report
	27	Baseline Chiefdom findings
Outside Docs	28	Zambia DHS 2007
	29	USAID Forward
	30	National Monitoring, Research and Evaluation Plan 2006-2010
	31	National Monitoring, Research and Evaluation Plan 2011-2015
	32	National AIDS Strategic Framework 2011-2015
	33	National Operating Plan
	34	National Communication Strategy

ANNEX 5: MID-TERM REVIEW TOOL

This tool was developed after review of questions contained in the MTR Scope of Work and proposed by SHARe II. It is structured around the activities and results proposed in SHARe II's technical approach and in the contractual RFTOP. Included questions focused on those that were not readily captured through routine project M&E processes and project reports.

SHARe II Mid-Term Review Interview Questions Revised: April 18, 2013

Group/Organization/Institution:

Location:

Interviewee(s) and Position(s):

Interviewer(s):

Date:

Introduction

I/we appreciate your taking the time to meet with us today.

I am/we are _____ and are part of JSI's Internal Mid Term Review Team for the SHAReII Project, which has completed 2 years with 2 more to go (follow-on from SHARe that started in late 2003).

The SHARe II project is designed to give support to the HIV/AIDS response in Zambia. USAID and JSI are committed to ensuring that the project contributes at the highest possible level to the achievement of the project goals.

The project works to address 4 areas:

- 1) Strengthen leadership and improve policy/regulatory environment (30%)
- 2) Improve organizational and technical capacity of coordinating structures (NAC, DATFs, PATFs, CSOs) (25%)
- 3) Strengthen and expand workplace programs (25%)
- 4) Ensure HIV/AIDS activity coordination and collaboration with GRZ, USG, others (20%)

I/we would like to: 1) hear about your (role as a HIV/AIDS leader *or* HIV/AIDS activities), 2) find out about your experiences with SHARe II, 3) gather ideas, recommendations, suggestions for SHARe II over the next 2 years, and 4) gather ideas to potentially inform future funding needs beyond 2 years (since our MTR report will be shared with USAID).

I/we understand that SHARe II has been working with (your program/place of work) for _____ years now (*note if SHARe and/or SHAReII*). Of this, how long have you personally been working with SHARe II?

Who have you worked with from SHARe?

A list of Standard Questions was asked of each interviewee, and additional questions were specifically tailored for each interview. Following are the Standard Questions and the tailored questions by task and interviewee. Note that the questions were intended as a guide, and thus may not have been asked in the same way or order across interviews.

Standard Questions

1. Tell us about your experience working with SHARe:
 - a. How do you/your organization perceive the work SHARe II does? Is it needed? Quality of TA?
 - b. How would you characterize SHARe's style of working with you and your colleagues?
Probe: partners, peers, teachers, coaches, evaluators, or collaborative versus directive
 - c. Have there been any challenges working with SHARe? If yes, please explain. How was it resolved?
 - d. Do you have any suggestions for the future working with SHARe?
2. Can you think of any examples of successful outputs or outcomes that have resulted, directly or indirectly, from the support you have received from SHARe II?
3. What is the most effective way SHARe II can support you over the next 2.5 years? Provide 2-3 examples.
Probe: technical, training, supervision, capacity development, mentoring
4. Are there any activities or support currently provided by SHARe II that you believe can be phased out? Identify and explain why?
5. What is the most significant change you have seen in your work/organization that is due in part to the support you receive from SHARe II? (Probing for quotes)

TASK 1: Strengthen and expand leadership and improve the policy and regulatory environment.

Interviewee: Member of Parliament, Hon Austin Milambo (MP/Shakumbila Chiefdom)

6. What kind of social issues or practices occur in your area/village that might make people vulnerable to HIV/AIDS?

Probe for the following:

- *Early age marriages*
- *Men who are having sex with young girls*
- *MCP*
- *Delay in accessing treatment*
- *PLWH seeking treatment from traditional healers*
- *Inappropriate Sexual Cleansing*
- *GBV*
- *Willful transmission of HIV*
- *Stigma and discrimination*
- *Some traditional herbalists claiming that they have a cure for AIDS. This prevents those who believe in the message and practice of herbalists from seeking medical attention including ART.*

7. From your perspective from your work with the chiefdom, what have you seen the chiefdom do to address HIV/AIDS?

- a. Are you aware of any decrees or practices which the Chief or the Royal Establishment has banned in the chiefdom? What has been the noticeable impact of this action?
- b. Public speaking?
- c. Sensitization?

8. How do you interact with the chiefdom re: HIV/AIDS?

9. What kind of support has SHARe II provided Shakumbila chiefdom?

- i) Strategic Planning
 - (1) How did the process go?
 - (2) How effective was it?
 - (3) *What is the value of the strategic planning process to the people of the chiefdom? How could it be improved?*
 - (4) *What are the next steps for operationalizing the plan? Action plan? Intentions to amend customary laws, influence behavior, and change social norms? Advocate for local funds? Mobilize constituents?*
 - (5) *Did the plan include protection mechanisms against GBV or livelihood development for widows/orphans?*
 - (6) *Did the plan include mechanisms to address HIV?*
- ii) Training in:
 - (1) Traditional leadership and HIV
 - (2) HIV response leadership and advocacy? (probe: resources provided – i.e. talking points)?
 - (3) Prevention of stigma and discrimination?

- (4) Gender?
- (5) Rights of PLWA?
- iii) Knowledge of LEAD. If community members are involved/knowledge of BizAids

- 10. Is someone from the chieftdom a representative in the DATF?
- 11. Are there any Champions in parliament for HIV/AIDS? Others in Zambia, footballers, traditional leaders, MPs, others?

TASK 1: Strengthen and expand leadership and improve the policy and regulatory environment.

Interviewee: CAPAH

- 1. In your own understanding, could you share with us what you think is your role as a Member of Parliament in addressing the HIV/AIDS epidemic?
- 2. As a member of CAPAH, could you share with us the mandate of CAPAH?
- 3. As a member of CAPAH you have probably interacted with SHARe II staff. Could you share with us some of the activities you have undertaken working with SHARe II?
- 4. A conducive policy and regulatory environment is critical to an optimal HIV/AIDS response in Zambia. How has SHARe II supported your efforts of ensuring that laws and policies are supportive to the response?
- 5. How have you participated in bringing about these changes?
 - i. *Probe: specific activities undertaken*
- 6. What support have you received from SHARe II in implementing these activities?
 - i. Has anyone in your org been trained by SHARe II in areas related to HIV response leadership and advocacy (probe: resources provided – i.e. talking points)? In prevention of stigma and discrimination? On Gender or rights of PLWA? Has anyone been trained in use of local data to better understand and address the key drivers in their communities?
 - ii. Was your organization provided with TA for HIV-legal reform by SHARe II?
- 7. Has SHARe II ever discussed ways to allow you to better serve as a resource to your constituents on HIV/AIDS issues? If so, how? If not, do you have suggestions on how they could help in this regard? (e.g., training in case management, provision of educational materials, training, other tech based tools, etc.)?

TASK 1: Strengthen and expand leadership and improve the policy and regulatory environment.

Interviewee: Chiefdoms (Chikanta, Mukuni, Bwile)

1. What kind of social issues or practices occur in your area/village that might make people vulnerable to HIV/AIDS? (how much is it discussed?)
 - *Early age marriages*
 - *Men who are having sex with underage women*
 - *MCP*
 - *Delay in accessing treatment*
 - *PLWH seeking treatment from traditional healers*
 - *Initiation ceremonies*
 - *Sexual Cleansing*
 - *GBV*
 - *Willful transmission of HIV*
 - *Stigma and discrimination*
2. How much is HIV discussed (examples)? By whom?
3. What have you done to address HIV/AIDS in your chiefdom?
 - a. What traditional statutes/laws have you made to change practices that put people at risk? Noticeable impact
 - b. Public speaking?
 - c. Sensitization?
4. What kind of support has SHARe II provided you?
 - i. Strategic Planning
 1. How did the process go?
 2. How effective was it?
 3. *How helpful is the resulting document itself? How could it be improved?*
 4. *What are the next steps? Action plan? Intentions to amend customary laws, influence behavior, and change social norms? Advocate for local funds? Mobilize constituents?*
 5. *Did the plan include protection mechanisms against GBV or livelihood development for widows/orphans?*
 6. *Did the plan include mechanisms to address HIV?*
 - ii. Training in:
 1. HIV response leadership and advocacy? (probe: resources provided – i.e. talking points)?
 2. Prevention of stigma and discrimination?
 3. Gender?
 4. Rights of PLWA?
5. Is there a plan to communicate the strategic plan to the community?

TASK 1: Strengthen and expand leadership and improve the policy and regulatory environment.

Interview: ZARAN

- 1) Tell us about the work you do.

TASK 1: Strengthen and expand leadership and improve the policy and regulatory environment.

Interviewee: Maiko Zulu (ZAM President), Focus Group (ZAM staff)

- 1) Working with SHARe II, what works have you been engaged in the past last three years?
- 2) Do you have any sense that these activities have made an impact, and if so, please describe?
- 3) What support have you received from SHARe II in implementing these activities?
Probe for
 - i) HIV 101?
 - ii) Sensitization for outreach at schools?
- 4) Could you share with us your experience about the strategic planning process for the Zambia Association of Musicians?
- 5) What do you think is the critical value of both the strategic planning process and the document to your work (particularly in the area of HIV/AIDS advocacy?)

TASK 1: Strengthen and expand leadership and improve the policy and regulatory environment.

Interviewee: Yusuf Ayami (ZINGO Executive Director), Focus Group (ZINGO staff)

1. Could you please tell us about the work ZINGO does?
2. What support have you received from SHARe II in implementing any of ZINGO's activities?
Probe: resources provided – i.e. talking points, HIV 101, M&E, joint HIV training, funding strategic planning, support for development of M&E database
3. What do you perceive your capacity to be able to apply for, receive, and manage USG funds (from writing the proposal to financial management and M&E reporting system)?
4. What additional support do you need to build your capacity in any of these areas?

TASK 1: Strengthen and expand leadership and improve the policy and regulatory environment.

Interview: Mr. Chivunda at Ministry of Labour

1. How has SHARe been interacted with the Ministry of Labour?
2. Could you kindly share with us some of the work in which SHARe II has played a part

3. Regarding the development of the National HIV/AIDS Workplace Policy what role did the SHARe II staff play
4. Did you find it useful? If so please elaborate.
5. Is there any part of the policy work left where the project can render support?
6. Let us now turn to the revision of the Employment Act. Could you describe the role and benefit of having the SHARe II Project as a stakeholder?

TASK 1: Strengthen and expand leadership and improve the policy and regulatory environment.

Interview: Richard Mweene - Director of Training for the Zambia Police Service

1. Could you kindly share with us some of the work regarding training of both in-service and pre-service police officers in which SHARe II has played a part?
2. Could you highlight some benefits of the Senior Officers Training in HIV/AIDS, Human Rights and counterfeit crimes
3. In your own words could you kindly describe the pre-service training which SHARe II undertakes with police recruits?
4. What are the benefits of training recruits?
5. Kindly describe the in service training which SHARe II conducts with already qualified police officers
6. How does SHARe II engage with the Police command?
7. In what areas does SHARe II need to improve?

TASK 1: Strengthen and expand leadership and improve the policy and regulatory environment.

Interview: Gwen Mumba – Judiciary

1. Could you kindly share with us how you have worked with the SHARe II project staff?
2. What “cadre” of workers in the judiciary has SHARe II targeted? Why?
3. Could you kindly describe the SHARe II supported training in the Judiciary?
4. What would you consider to be the immediate impact of the SHARe II intervention in the judiciary?
5. Do you face any challenges working SHARe II? What are they?
6. How do you propose to address these challenges?
7. How can SHARe II improve its work in the Judiciary?

TASK 1: Strengthen and expand leadership and improve the policy and regulatory environment.

Interview: Bishop David Masupa-ICOZ

1. Could you kindly share with us the interactions that you have had with SHARe II?
2. What interventions from SHARe II would you pick out to be critical to the strengthening of your mandate?
3. Could you kindly describe your experience in OCA and strategic planning as facilitated by SHARe II?
4. What do you perceive to be the benefits of that process?
5. Kindly share with us the experience you had with SHARe II when developing the ICOZ HIV/AIDS Policy
6. Could you kindly reflect on the strengths and weaknesses of the SHARe II approach in its dealings with ICOZ?
7. What things, if any, should SHARe II do differently going forward?

TASK 1: Strengthen and expand leadership and improve the policy and regulatory environment.

Interview: John Mayeya - National Alcohol Policy Focal Point

1. Could you kindly share with us the interactions that you have had with SHARe II?
2. Could you describe the role which SHARe II has played in the development of the National Alcohol Policy?
3. How do you describe the technical capacity of SHARe II?
4. Could you throw some light on why the policy process has taken this long to get finalised?
5. What should be done to speed up the process?
6. What should be the role of SHARe II once the policy has been approved?
7. Is there anything which SHARe II must do differently?

TASK 2: Strengthen Organizational and Technical Capacity of Coordinating Structures to Sustain the HIV/AIDS Response

Interviewee: Namwala DATF (incl. NZP+); Livingstone DATF; Kabwe DATF; Ndola DATF; Lusaka PATF

1. Please tell us when you started working with the DATF/PATF
2. What are the main responsibilities of the DATF/PATF and which activities are you responsible for?
3. Are you aware of SHARe II – have you had opportunities to work with SHARe II staff? What support have you received?
 - a. Probes: District Coordination Toolkit? SP? OCA? Certification? M&E?
 - b. How did it go? Tell us about the process?
 - c. Was it effective?

- d. What are the next steps?
- e. Are the DATFs aware of activities of the chiefdoms?
- f. What do you think of the certification process?

TASK 2: Strengthen Organizational and Technical Capacity of Coordinating Structures to Sustain the HIV/AIDS Response

Interviewee: NAC

1. We understand you have been with NAC since _____. What was the impetus for the changes in the structure of NAC?
2. Who are NAC's main funders and partner projects that the institution works closely with?
3. What support/program areas are these funders and partners responsible for?
Probe (How do you view that support? complementary, redundant, coordinated)
4. What are the main bottlenecks (challenges) to implementing NAC's mandates?
5. What are the most important achievements/results SHARe II has helped you to accomplish in the past 3 years? Please provide examples
6. What kind of support, if any, has SHARe II provided to develop NAC's strategy for supporting decentralization?
7. What is your understanding/perception of the kind of support SHARe II has provided at the national level:
Probe, if applicable (i.e. if he is aware of SHARe II's support):
 - i. How has SHARe II's approach to certification helped you to strengthen the PATF/DATFs?
 - ii. How has their support improved PATF/DATF coordination of resources, services?
8. Have you worked with SHARe II to support the certification of the 15 Pilot DATFs?
 - iii. How do you feel certification will strengthen the DATFs?
 - iv. Do you believe this approach should continue, why or why not?
9. How has SHARe II supported NAC in policy development and analysis?

TASK 2: Strengthen Organizational and Technical Capacity of Coordinating Structures to Sustain the HIV/AIDS Response

Interviewee: NAC FG

1. How long have you been working for NAC (individual answers)?

2. What are the major challenges/successes of NAC in the last three years?
 - i. Who are your main funders/other projects?
 - ii. What support are they responsible for?

Probe (How do you view that support? complementary, redundant, coordinated)
3. How do you differentiate what the MOH does versus what you are responsible for?
4. What is your role in supporting the PATF/DATFs?
5. What are the most important things SHARe II has helped you to accomplish in the past 3 years?
Please provide examples
6. What kind of support, if any, has SHARe II provided to develop NAC's strategy for supporting decentralization?
7. What is your understanding/perception of the kind of support SHARe II has provided at the national level:
Probe, if applicable (i.e. if he is aware of SHARe II's support):
 - i. How has SHARe II's approach to certification helped you to strengthen the PATF/DATFs?
 - ii. How has their support improved PATF/DATF coordination of resources, services?

Did SHARe II provide support to its development?
8. Have you worked with SHARe II to support the certification of the 15 Pilot DATFs
 - i. How do you feel certification will strengthen the DATFs
 - ii. Do you believe this approach should continue, why or why not?
9. Has SHARe II's approach to policy development and analysis supported NAC?

TASK 2: Strengthen Organizational and Technical Capacity of Coordinating Structures to Sustain the HIV/AIDS Response

Interviewee: NZP+ National Secretariat

1. What are the most important things SHARe II has helped your organization to accomplish?
Please provide examples
 - a) Has SHARe II's support for Strategic Planning and Operational Planning strengthened NZP+'s sustainability? If so, in what ways?
 - b) Has SHARe II assisted NZP+ in developing financial, management, reporting systems and reviewing the constitution? If so, how do you think this assistance has strengthened your organization? Are changes sustainable?
2. What do you think about certification?

TASK 3: Strengthen and Expand Workplace HIV Programs

Public Sector Interviewees: Zambia Prisons, Zambia Police, Ministry of Agriculture and Livestock; Ministry Transport, Works, Supply and Communication

1. Describe your HIV/AIDS workplace program and activities.
 - Core components for all programs must include—if they don't mention, probe:
 - Workplace HIV policy;
 - Peer education;
 - Testing and counseling (TC) services onsite or through referral;
 - Formal prevention activities;
 - Referral to HIV care, treatment and support services;
 - Expanding services (especially TC and BCC outreach) to surrounding communities and partners/families of workers. Provide examples?
 - Pre-service training, GBV, human rights for PLHIV and intellectual property; in-service-pre-service plus labour laws
 - Key beneficiaries? Are interventions targeted to or primarily used by certain staff positions over others? Are senior management active participants? Are messages tailored/effective for all levels of staff?
 - Benefits to the company?
 - Benefits to the workers?
 - When was it established?
2. Could you describe the sustainability of these programs? How have these programs been rooted within the existing culture of the workplace?
3. Has the WPP been successful in your opinion?
 - a. If yes, how so?
4. Have you seen a change in employee knowledge or behaviors in the workplace as a result of the workplace HIV program? Could you please provide some examples?
5. Do you have a workplace policy in place?
6. What are the challenges you have faced (*probe: sitting allowances, staff transfer, mgmt. commitments, attrition*)
7. Please describe the role that SHARe II has played in the implementation of your workplace program or in your support to workplace programs *over the past 2-3 years* (if work started in SHARe-I).
8. Can you give me an example of how HIV is mainstreamed in your organization?
9. Can you give me an example of how gender is mainstreamed in your organization?
10. To what extent, if any, has SHARe II had in influencing this mainstreaming of HIV and gender?
 - Do your workplace policies address:*
 - a. Documented non-discriminatory employment practices/policy?

b. *HIV focal point persons (FPPS) and peer educators, with formal job descriptions?*

c. *Preventing separation of married couples through job transfers*

11. Are you aware of Positive Action by Workers (PAW), and/or Gender, Sexuality and HIV (GESHA) approach? Can you tell me what they are and how they are used in the workplace?

Probe: Do you have a different approach for working with men vs. women?

- *HIV and Gender Mainstreaming*

TASK 3: Strengthen and Expand Workplace HIV Programs

Private Sector Interviewees: PPP (River Club, Protea Hotel, Sun Hotels), ZAWA, ZHECT, Lead, Zambia Federation of Employers (ZFE)

1. Describe your HIV/AIDS workplace program and activities.

Probe:

-Core components for all programs must include—if they don't mention, probe:

- *Workplace HIV policy;*
- *Peer education;*
- *Testing and counseling (TC) services onsite or through referral;*
- *Formal prevention activities;*
- *Referral to HIV care, treatment and support services;*
- *Expanding services (especially TC and BCC outreach) to surrounding communities and partners/families of workers.*

-Key beneficiaries? Are interventions targeted to or primarily used by certain staff positions over others? Are senior management active participants? Are messages tailored/effective for all levels of staff?

-Benefits to the company?

-Benefits to the workers?

-When was it established?

-Joint visits with SHARe to chiefdom

2. Could you describe the sustainability of these programs? How have these programs been rooted within the existing culture of the workplace?

3. Have you seen a change in employee knowledge or behaviors in the workplace as a result of the workplace HIV program? Could you please provide some examples?

4. What are the challenges you have faced? (*Probe: 'time is money', motivation of staff to undertake HIV in workplace programs*)

5. What do you perceive your capacity to be able to apply, receive, manage for USG funds (from writing the proposal to financial management and M&E reporting system)?

6. What additional support do you need to build your capacity in any of these areas?

7. How do you fund the HIV workplace activities? Is current funding sustainable and if not, what are your plans for future funding? (probe if SHARe II has helped with this)
8. Please describe the role that SHARe II has played in the implementation of your workplace program or in your support to workplace programs *over the past 2-3 years* (if work started in SHARe-I).
Probe:
Specific activities undertaken by SHARe II; frequency of interaction.
 - a. *Peer educator training?*
 - b. *Workplace HIV policy development?*
 - c. *Supportive supervision?*
9. Which are your other projects you work with?
10. What support are they responsible for?
Probe (How do you view that support? complementary, redundant, coordinated)



Support to the HIV/AIDS Response in Zambia II

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